

Exhibit 9

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1
2 IN THE UNITED STATES DISTRICT COURT

3 DISTRICT OF NEW JERSEY

4 - - -

5 IN RE JOHNSON & JOHNSON TALCUM MDL No.
6 POWDER PRODUCTS MARKETING, 16-2738
7 SALES PRACTICES, AND PRODUCTS (MAS)(RLS)
8 LIABILITY LITIGATION

9 - - -

10 This Document Relates to:

11 Gallardo v. Johnson & Johnson, et al.,
12 3:18-CV-10840

13 - - -

14 June 7, 2024

15 - - -

16 Deposition of KEVIN HOLCOMB, M.D.,
17 held at One Manhattan West, New York,
18 New York, commencing at 9:00 a.m. EDT,
19 on the above date, before Marie Foley,
20 a Registered Merit Reporter, Certified
21 Realtime Reporter and Notary Public.

22 - - -

23 GOLKOW, a Veritext Division
24 877.370.3377 ph | 917.591.5672 fax
25

<p style="text-align: right;">Page 2</p> <p>1</p> <p>2 APPEARANCES:</p> <p>3</p> <p>4 ON BEHALF OF PLAINTIFF ANNA GALLARDO:</p> <p>5 BEASLEY ALLEN LAW FIRM</p> <p>6 BY: MARGARET M. THOMPSON, ESQUIRE, of counsel</p> <p>7 P. LEIGH O'DELL, ESQUIRE</p> <p>8 218 Commerce Street</p> <p>9 P.O. Box 4160</p> <p>10 Montgomery, Alabama 36103-4160</p> <p>11 PHONE: 800.898.2034</p> <p>12 EMAIL: Margaret.thompson@beasleyallen.com</p> <p>13 leigh.odell@beasleyallen.com</p> <p>14</p> <p>15</p> <p>16 ON BEHALF OF DEFENDANT JOHNSON & JOHNSON:</p> <p>17 SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP</p> <p>18 BY: JESSICA DAVIDSON, ESQUIRE</p> <p>19 One Manhattan West</p> <p>20 New York, New York 10001-8602</p> <p>21 PHONE: 212.735.3000</p> <p>22 EMAIL: Jessica.davidson@skadden.com</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 4</p> <p>1</p> <p>2 - - -</p> <p>3 TRANSCRIPT INDEX</p> <p>4 PAGE</p> <p>5 APPEARANCES..... 2 - 3</p> <p>6 INDEX OF EXHIBITS..... 5 - 12</p> <p>7 EXAMINATION OF KEVIN HOLCOMB, M.D.:</p> <p>8 BY: MS. THOMPSON..... 14</p> <p>9 BY: MS. DAVIDSON..... 435</p> <p>10 AFTERNOON SESSION..... 232</p> <p>11 SIGNATURE PAGE..... 438</p> <p>12 ERRATA..... 439</p> <p>13 REPORTER'S CERTIFICATE..... 440</p> <p>14</p> <p>15 EXHIBITS WITH ORIGINAL TRANSCRIPT</p> <p>16</p> <p>17 - - -</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
<p style="text-align: right;">Page 3</p> <p>1</p> <p>2</p> <p>3 ALSO PRESENT VIA ZOOM:</p> <p>4</p> <p>5 ON BEHALF OF PLAINTIFF STEERING COMMITTEE</p> <p>6 AND THE MDL:</p> <p>7 ASHCRAFT & GEREL</p> <p>8 BY: MICHELLE A. PARFITT, ESQUIRE</p> <p>9 1825 K Street NW, Suite 700</p> <p>10 Washington, DC 20006</p> <p>11 PHONE: 202.783.6400</p> <p>12</p> <p>13</p> <p>14</p> <p>15 ON BEHALF OF PERSONAL CARE PRODUCTS</p> <p>16 COUNCIL:</p> <p>17 REILLY, McDEVITT & HENRICH, P.C.</p> <p>18 BY: GINO P. MECOLI, ESQUIRE</p> <p>19 3 Executive Campus</p> <p>20 Suite 310</p> <p>21 Cherry Hill, New Jersey 08002</p> <p>22 PHONE: 856.317.7188</p> <p>23 EMAIL: Gmecoli@rmh-law.com</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 5</p> <p>1</p> <p>2 - - -</p> <p>3 E X H I B I T S</p> <p>4 - - -</p> <p>5 NO. DESCRIPTION PAGE</p> <p>6 Holcomb Expert Report of Kevin 18</p> <p>7 Exhibit 1 Holcomb, M.D., FACOG -</p> <p>8 May 28, 2024</p> <p>9</p> <p>10 Holcomb Redline version of Expert 18</p> <p>11 Exhibit 2 Report of Kevin Holcomb, M.D.,</p> <p>12 FACOG - May 28, 2024</p> <p>13</p> <p>14 Holcomb Notice of Oral Deposition of 19</p> <p>15 Exhibit 3 Kevin Holcomb, M.D., FACOG</p> <p>16 and Duces Tecum</p> <p>17</p> <p>18 Holcomb Materials Reviewed and 23</p> <p>19 Exhibit 4 Considered</p> <p>20</p> <p>21 Holcomb Kevin Holcomb, M.D. CV - 24</p> <p>22 Exhibit 5 July 19, 2023</p> <p>23</p> <p>24 Holcomb Website printout "The Facts 27</p> <p>25 Exhibit 6 On Talcum Powder Safety"</p>

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10	Exhibit 29 Screening Assessment			10	exhibits are reflected in the manner		
11	Environment and Climate			11	in which they were read into the		
12	Change Canada April 2021,			12	record and do not necessarily denote		
13	Bates P1.00000272.0001-071			13	an exact quote from the document.)		
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<p>1 2 - - - 3 8:46 a.m. 4 New York, New York 5 - - - 6 THE STENOGRAPHER: If I could 7 ask you to raise your right hand, 8 please. 9 Do you swear or affirm the 10 testimony you give will be the truth, 11 the whole truth, and nothing but the 12 truth today? 13 THE WITNESS: I do. 14 THE STENOGRAPHER: Thank you. 15 - - - 16 KEVIN HOLCOMB, M.D., the Witness herein, 17 having been first duly sworn by a 18 Notary Public in and of the State of 19 New York, was examined and testified 20 as follows: 21 EXAMINATION BY 22 MS. THOMPSON: 23 Q. Good morning, Dr. Holcomb. 24 A. Good morning. 25 Q. My name is Margaret Thompson,</p>	<p>1 2 A. I'm sorry, I don't remember the 3 name of the lawyer I first spoke with. 4 Q. A Johnson & Johnson lawyer? 5 A. I believe they worked with an 6 outside firm like -- I don't remember 7 which firm. 8 Q. Okay. 9 And do you remember what you 10 were asked to do? 11 A. Yes, I was asked to review the 12 literature on talc and its relationship to 13 ovarian cancer and offer an opinion as to 14 whether I felt it was causative or could 15 contribute to someone developing ovarian 16 cancer. 17 Q. Did you have an opinion on that 18 issue prior to being contacted by the 19 lawyer representing Johnson & Johnson? 20 A. Yes, I had a general feeling, 21 based on my training and up until that 22 point, that it was not a causative agent. 23 Q. And do you know where or how the 24 lawyer that contacted you would have 25 gotten your name?</p>
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<p>1 2 and I'll be asking you questions today. 3 You've previously testified in 4 deposition trial in this litigation, 5 correct? 6 A. Correct. 7 Q. So you know what the process is 8 here, right? 9 A. Correct. 10 Q. This is my opportunity to 11 understand the opinions that you will be 12 providing at trial as far as how you 13 arrived at those opinions. 14 Fair enough? 15 A. Fair enough. 16 Q. When were you first asked to 17 give opinions in this litigation? 18 A. In this specific case? 19 Q. In the Johnson & Johnson Talcum 20 Powder first. 21 A. I think it was -- I think it was 22 around 2019. I'm sorry, I don't remember 23 the exact date. 24 Q. And who contacted you, do you 25 remember?</p>	<p>1 2 A. Yes, I do remember. It was -- 3 it was a -- a lawyer who actually was a 4 neighbor of mine. 5 Q. Okay. 6 A. Who at a Christmas party came up 7 that I was a gynecologic oncologist. So I 8 guess they assumed I would have an opinion 9 on this. 10 Q. Did you discuss at the cocktail 11 party what your opinions would be? 12 A. No. 13 Q. Just that you were a 14 gynecologist and he or she might be more 15 interested in talking to you more? 16 A. Yes. 17 Q. Okay. 18 You initially submitted a report 19 in this case in 2019, correct? 20 A. Correct. 21 Q. And then you submitted a amended 22 report just recently dated February -- May 23 28th, 2024. Is that right? 24 A. Correct. 25 MS. THOMPSON: I'll mark as</p>

<p style="text-align: right;">Page 18</p> <p>1</p> <p>2 Exhibit 1 the current report.</p> <p>3 (Holcomb Exhibit 1, Expert</p> <p>4 Report of Kevin Holcomb, MD, FACOG -</p> <p>5 May 28, 2024, was marked for</p> <p>6 identification, as of this date.)</p> <p>7 MS. THOMPSON: We've redlined</p> <p>8 the previous report in case we need to</p> <p>9 refer to any changes that have been</p> <p>10 made since the first report, and that</p> <p>11 will be Exhibit 2.</p> <p>12 (Holcomb Exhibit 2, redline</p> <p>13 version of Expert Report of Kevin</p> <p>14 Holcomb, MD, FACOG - May 28, 2024, was</p> <p>15 marked for identification, as of this</p> <p>16 date.)</p> <p>17 BY MS. THOMPSON:</p> <p>18 Q. And this report submitted the</p> <p>19 end of May contains your general opinions</p> <p>20 regarding the relationship between talc</p> <p>21 and ovarian cancer, correct?</p> <p>22 A. Correct.</p> <p>23 Q. As well as your opinions</p> <p>24 relating to the plaintiff Anna Gallardo,</p> <p>25 correct?</p>	<p style="text-align: right;">Page 20</p> <p>1</p> <p>2 submitted any invoices yet, but --</p> <p>3 THE WITNESS: No, I haven't.</p> <p>4 MS. DAVIDSON: -- Dr. Holcomb is</p> <p>5 derelict. Please put that in the</p> <p>6 record. He's derelict in sending us</p> <p>7 invoices. We have not gotten an</p> <p>8 invoice yet, and that would have been</p> <p>9 the one responsive document, and we</p> <p>10 don't have an invoice yet.</p> <p>11 BY MS. THOMPSON:</p> <p>12 Q. From counsel, will you admit</p> <p>13 that you're derelict with your invoices?</p> <p>14 A. I stand as accused, yes.</p> <p>15 Q. So you have not submitted any</p> <p>16 invoices at least since the last time we</p> <p>17 met with you for deposition?</p> <p>18 A. That's true.</p> <p>19 Q. Can you estimate how many hours</p> <p>20 you have spent let's start with the</p> <p>21 Johnson & Johnson litigation as a whole?</p> <p>22 A. You mean including the last case</p> <p>23 and this?</p> <p>24 Q. Yes.</p> <p>25 A. I don't remember exactly how</p>
<p style="text-align: right;">Page 19</p> <p>1</p> <p>2 A. Correct.</p> <p>3 (Holcomb Exhibit 3, Notice of</p> <p>4 Oral Deposition of Kevin Holcomb, MD,</p> <p>5 FACOG and Duces Tecum, was marked for</p> <p>6 identification, as of this date.)</p> <p>7 BY MS. THOMPSON:</p> <p>8 Q. Have you seen this document,</p> <p>9 which will be Exhibit 3, the Notice of</p> <p>10 Deposition?</p> <p>11 A. I don't believe so.</p> <p>12 Q. The Notice of Deposition asked</p> <p>13 you to bring documents with you to address</p> <p>14 certain questions.</p> <p>15 Did you bring anything with you</p> <p>16 today?</p> <p>17 MS. DAVIDSON: So, we did check</p> <p>18 to make sure that there are no</p> <p>19 responsive documents. I just want to</p> <p>20 make that clear. He's not the lawyer.</p> <p>21 It's all legalese, that's why.</p> <p>22 There was nothing responsive</p> <p>23 besides his report.</p> <p>24 And I think there was a</p> <p>25 follow-up question asking if he had</p>	<p style="text-align: right;">Page 21</p> <p>1</p> <p>2 many hours the last time.</p> <p>3 Up until this point, I'd say</p> <p>4 it's probably in the area of 50 hours all</p> <p>5 together.</p> <p>6 Q. In the entire litigation?</p> <p>7 A. No, I don't remember, to be</p> <p>8 honest, how much from the last time.</p> <p>9 Q. So from between 2019 and today,</p> <p>10 you approximate 50 hours?</p> <p>11 A. Yes.</p> <p>12 Q. And that would include updating</p> <p>13 your expert report, correct?</p> <p>14 A. That would.</p> <p>15 Q. And that would include reviewing</p> <p>16 Ms. Gallardo's medical records, correct?</p> <p>17 A. That would.</p> <p>18 Q. And that would include reviewing</p> <p>19 new literature, correct?</p> <p>20 A. That would, yes.</p> <p>21 Q. What are you currently charging</p> <p>22 per hour?</p> <p>23 A. \$1,000 per hour.</p> <p>24 Q. How did you prepare for the</p> <p>25 deposition today?</p>

<p style="text-align: right;">Page 22</p> <p>1</p> <p>2 A. I -- other than doing the things</p> <p>3 that you mentioned, I also reviewed the</p> <p>4 deposition of Ms. Gallardo, her husband's</p> <p>5 deposition, Dr. Mutch's deposition. I</p> <p>6 re-read my own report numerous times.</p> <p>7 Other than updating on the newer</p> <p>8 literature, I had to go back and refresh</p> <p>9 my memory on the existing literature.</p> <p>10 Q. And would that be included in</p> <p>11 the 50 hours as well?</p> <p>12 A. Yes.</p> <p>13 Q. Did you meet with the attorneys</p> <p>14 in preparation for the deposition?</p> <p>15 A. I did.</p> <p>16 Q. And when was that?</p> <p>17 A. One time earlier this week and</p> <p>18 one time maybe about a week prior to that.</p> <p>19 Q. And how much time did you spend</p> <p>20 with them over those two meetings?</p> <p>21 A. About three hours all together.</p> <p>22 Q. Did you meet in person?</p> <p>23 A. No. It was Zoom.</p> <p>24 Q. Zoom on both meetings?</p> <p>25 A. Both meetings.</p>	<p style="text-align: right;">Page 24</p> <p>1</p> <p>2 Q. Did you review any Johnson &</p> <p>3 Johnson documents, company documents?</p> <p>4 A. No.</p> <p>5 Q. Did you ask to review any</p> <p>6 Johnson & Johnson's company documents?</p> <p>7 A. No.</p> <p>8 MS. THOMPSON: Exhibit 5 is your</p> <p>9 CV.</p> <p>10 (Holcomb Exhibit 5, Kevin</p> <p>11 Holcomb, MD CV - July 19, 2023, was</p> <p>12 marked for identification, as of this</p> <p>13 date.)</p> <p>14 BY MS. THOMPSON:</p> <p>15 Q. And you have had some changes in</p> <p>16 your CV since 2019, correct?</p> <p>17 A. Correct.</p> <p>18 Q. And this is an updated CV?</p> <p>19 A. Yes, it is.</p> <p>20 Q. And your position professionally</p> <p>21 has changed, correct?</p> <p>22 A. Correct.</p> <p>23 Q. What's your current position job</p> <p>24 title?</p> <p>25 A. So, my academic title is I'm</p>
<p style="text-align: right;">Page 23</p> <p>1</p> <p>2 Q. Have you been disclosed in any</p> <p>3 other cases other than Ms. Gallardo and</p> <p>4 the MDL?</p> <p>5 A. No.</p> <p>6 Q. Have your opinions changed at</p> <p>7 all since the first time you were</p> <p>8 contacted in approximately 2019?</p> <p>9 A. Not substantially, no.</p> <p>10 MS. THOMPSON: I'm going to mark</p> <p>11 what is titled "Materials Reviewed And</p> <p>12 Considered." That would be Exhibit 4.</p> <p>13 (Holcomb Exhibit 4, Materials</p> <p>14 Reviewed and Considered, was marked</p> <p>15 for identification, as of this date.)</p> <p>16 BY MS. THOMPSON:</p> <p>17 Q. Who prepared this list?</p> <p>18 A. The actual preparation of this</p> <p>19 is the lawyers. I didn't prepare the</p> <p>20 list.</p> <p>21 Q. And who is responsible for</p> <p>22 finding the articles or documents on this</p> <p>23 list?</p> <p>24 A. That was done both myself and</p> <p>25 the lawyers.</p>	<p style="text-align: right;">Page 25</p> <p>1</p> <p>2 professor of clinical obstetrics and</p> <p>3 gynecology in the Department of Obstetrics</p> <p>4 and Gynecology at Weill Cornell Medical</p> <p>5 Center. I am now vice-chair of gynecology</p> <p>6 in the department, and I also serve as</p> <p>7 associate dean of admissions for the</p> <p>8 medical college.</p> <p>9 Q. So I assume that takes up a fair</p> <p>10 amount of your time in administrative</p> <p>11 duties. Would that be correct?</p> <p>12 A. That's correct.</p> <p>13 Q. And I believe that's the reason</p> <p>14 that you amended your report to say much</p> <p>15 of your time rather than the majority of</p> <p>16 your time is spent in clinical practice,</p> <p>17 correct?</p> <p>18 A. That's correct.</p> <p>19 Q. Are you still seeing new GYN</p> <p>20 cancer patients?</p> <p>21 A. I am.</p> <p>22 Q. When was the last time you saw a</p> <p>23 new ovarian cancer patient?</p> <p>24 A. Last week.</p> <p>25 Q. When was the last time you did a</p>

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<p>1 2 ovarian cancer surgery? 3 A. Maybe three weeks ago. 4 Q. Have you ever published any 5 articles on talc and ovarian cancer? 6 A. No. 7 Q. Have you ever published any 8 articles relating to risk factors of 9 ovarian cancer? 10 A. No. 11 Q. Have you ever written any 12 articles on asbestos? 13 A. No. 14 Q. Are you familiar with the 15 Johnson & Johnson website? 16 A. No. 17 Q. Never visited it? 18 A. I don't believe so, no. 19 Q. Are you familiar with the "Facts 20 About Talc" portion of Johnson & Johnson's 21 website? 22 A. No. 23 Q. Never visited? 24 A. No. 25 MS. THOMPSON: Exhibit 6 is a</p>	<p>1 2 things that changed in their expert 3 reports. This has nothing to do -- 4 MS. THOMPSON: Well, this is new 5 since he was deposed last time. 6 MS. DAVIDSON: Excuse me, I'm 7 not done. 8 MS. THOMPSON: I'm sorry. 9 MS. DAVIDSON: This has nothing 10 to do with anything in his expert 11 report. He did not read Johnson & 12 Johnson documents. He is an expert on 13 GYN oncology, not on company websites. 14 He's not testifying about the company 15 website. This has absolutely nothing 16 to do with amendments to his report. 17 And Leigh would never have let me ask 18 questions about something like this 19 when we were questioning witnesses. 20 So I'm going to object to any 21 line of questioning on this. 22 MS. THOMPSON: Okay, that's 23 fine. 24 MS. DAVIDSON: So, I mean -- 25 MS. THOMPSON: This is related</p>
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<p>1 2 webpage from Johnson & Johnson's 3 website on facts about -- this is the 4 "Facts About Talc." 5 (Holcomb Exhibit 6, website 6 printout "The Facts on Talcum Powder 7 Safety", was marked for 8 identification, as of this date.) 9 BY MS. THOMPSON: 10 Q. This is a portion of it called 11 "The Facts on Talcum Powder Safety." 12 You've never seen this before? 13 A. No. 14 Q. Would this be relevant to your 15 opinions? 16 A. No. 17 Q. Look through this a minute, 18 since you've never seen it. I'm going to 19 ask you some questions. 20 A. I don't need to read the whole 21 thing. 22 MS. DAVIDSON: I don't know 23 where you're going with this, but 24 Leigh was very strong with our experts 25 that they were only to be deposed on</p>	<p>1 2 to his reliance materials. 3 You're not instructing him not 4 to -- 5 MS. DAVIDSON: His new reliance 6 materials or his old reliance 7 materials? 8 MS. THOMPSON: Old and new. 9 New. 10 MS. DAVIDSON: What new reliance 11 materials is this related to? 12 MS. THOMPSON: I'm going to show 13 that he has not looked at the evidence 14 that Johnson & Johnson says will 15 inform his opinions. 16 MS. DAVIDSON: Well -- 17 MS. O'DELL: He's never been 18 examined on this topic and he -- 19 MS. DAVIDSON: That doesn't 20 matter to me. You said anything that 21 they could have been examined only, 22 Leigh. 23 MS. O'DELL: That's not 24 accurate. 25 MS. DAVIDSON: I have it in my</p>

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<p>1 2 head that you said that at the 3 depositions I took. 4 MS. O'DELL: I don't believe 5 that. 6 MS. THOMPSON: We can look at 7 the depositions. 8 MS. O'DELL: This website has 9 been materially changed since he was 10 deposed in 2019 which was -- 11 MS. DAVIDSON: But this website 12 has nothing to do with his opinions. 13 MS. O'DELL: That's up to us. 14 MS. DAVIDSON: No, it's up to 15 you. 16 You specifically said they can 17 only be deposed on changes made to 18 their report. 19 MS. O'DELL: This is new. 20 MS. THOMPSON: Jessica, you can 21 object. Your objection is to form, 22 object to form. 23 MS. DAVIDSON: No, I will listen 24 to -- I'll give you two more questions 25 on this, but I am going to shut it</p>	<p>1 2 BY MS. THOMPSON: 3 Q. No, you answer. 4 A. I do. 5 Q. Do you agree with the statement 6 under "Talc is Safe": Research, clinical 7 evidence, and nearly 40 years of studies 8 by independent medical experts around the 9 world continue to support the safety of 10 talc. 11 Do you agree with that 12 statement? 13 MS. DAVIDSON: Objection. 14 A. I do. 15 Q. Do you agree with the statement: 16 Talc does not cause cancer? 17 MS. DAVIDSON: Objection. 18 A. I do. 19 Q. Do you agree with the statement: 20 The National Cancer Institute's Physician 21 Data Query Editorial Board concluded that 22 the weight of evidence does not support an 23 association between perineal talc exposure 24 and increased risk of ovarian cancer? 25 A. I agree.</p>
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<p>1 2 down because -- 3 MS. THOMPSON: You're going to 4 tell him not to answer the questions? 5 MS. DAVIDSON: Well, that's what 6 you guys did. 7 MS. O'DELL: Let me make the 8 record clear. 9 That is not what those 10 objections were. Our experts had been 11 deposed numerous times. Dr. Holcomb, 12 you know, has not been deposed since 13 2019, and we're entitled to ask him 14 anything about new materials since 15 2019. 16 So, please proceed. 17 BY MS. THOMPSON: 18 Q. On the third page of this 19 document titled "Talc is Safe." 20 Do you agree with Johnson & 21 Johnson that talc is safe? 22 MS. DAVIDSON: Objection. 23 THE WITNESS: Are you 24 instructing me not to answer? 25 MS. DAVIDSON: You can answer.</p>	<p>1 2 MS. DAVIDSON: That relates to 3 the NCI PDQ which he was deposed about 4 the first time. 5 MS. THOMPSON: I'm talking about 6 the website, Jessica. 7 MS. DAVIDSON: No, you're 8 talking about -- 9 MS. THOMPSON: Are you 10 instructing him not to? 11 MS. DAVIDSON: Margaret. 12 MS. THOMPSON: Then you can 13 object to form and let me continue or 14 we're not going to be out by 5:30. 15 MS. DAVIDSON: Margaret, that's 16 not what Leigh did. Go back and read 17 Leigh's objections, Leigh's 18 paragraph-long objections when my 19 witnesses -- when I was taking 20 depositions, Leigh had paragraph-long 21 objections about questions I asked, 22 that were actually legitimate, saying 23 that they treaded on old material. 24 And what's good is good for the 25 gander.</p>

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<p>1</p> <p>2 So please be careful and tailor</p> <p>3 your questions to the revised report</p> <p>4 and the changes --</p> <p>5 MS. THOMPSON: And new material.</p> <p>6 MS. DAVIDSON: -- since he</p> <p>7 changed his report.</p> <p>8 The NCI PDQ is not new material.</p> <p>9 MS. THOMPSON: Do you want to</p> <p>10 look at the changes in his report?</p> <p>11 Which are extensive, much more</p> <p>12 extensive than any of our experts on</p> <p>13 almost every topic.</p> <p>14 MS. O'DELL: Let me just say</p> <p>15 this. As you know, the PDQ has been</p> <p>16 changed multiple times since 2019.</p> <p>17 He's going to be asked about it today,</p> <p>18 so let's just -- you know, if you're</p> <p>19 going instruct him not to answer</p> <p>20 questions about the PDQ --</p> <p>21 MS. DAVIDSON: That's fine.</p> <p>22 MS. O'DELL: -- then we're going</p> <p>23 to get the judge on the phone.</p> <p>24 So let's continue.</p> <p>25 MS. THOMPSON: We're trying to</p>	<p>1</p> <p>2 MS. DAVIDSON: Objection.</p> <p>3 BY MS. THOMPSON:</p> <p>4 Q. Do you know any --</p> <p>5 MS. DAVIDSON: Whoa, whoa, whoa,</p> <p>6 whoa, whoa. You got to give me time</p> <p>7 to object.</p> <p>8 THE WITNESS: I'm sorry.</p> <p>9 MS. DAVIDSON: That is outside</p> <p>10 the scope of your opinions. And</p> <p>11 you're not giving me time to object.</p> <p>12 She's asking the questions at</p> <p>13 you fast and furiously. You're</p> <p>14 answering fast and furiously. There</p> <p>15 is no chance for me to object.</p> <p>16 MS. O'DELL: Please don't coach</p> <p>17 your witness.</p> <p>18 MS. DAVIDSON: I'm not.</p> <p>19 MS. O'DELL: Yes, you are.</p> <p>20 MS. DAVIDSON: How did I coach</p> <p>21 my witness?</p> <p>22 MS. O'DELL: Let's proceed.</p> <p>23 MS. DAVIDSON: Excuse me. I</p> <p>24 have been interrupted already six</p> <p>25 times in this deposition.</p>
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<p>1</p> <p>2 get out by 5:30, Dr. Holcomb.</p> <p>3 BY MS. THOMPSON:</p> <p>4 Q. On the next page: We continue</p> <p>5 to use talc in our products because</p> <p>6 decades of science have reaffirmed its</p> <p>7 safety.</p> <p>8 Do you agree with that</p> <p>9 statement?</p> <p>10 A. I do.</p> <p>11 Q. Do you agree with: The weight</p> <p>12 of the science does not support any claim</p> <p>13 that our talc products cause cancer?</p> <p>14 A. I do.</p> <p>15 Q. The next paragraph: Thousands</p> <p>16 of tests repeatedly confirm that our</p> <p>17 consumer talc products do not contain</p> <p>18 asbestos?</p> <p>19 MS. DAVIDSON: Objection.</p> <p>20 That's outside the --</p> <p>21 BY MS. THOMPSON:</p> <p>22 Q. Do you know anything about</p> <p>23 thousands of tests that confirm that the</p> <p>24 products do not contain asbestos?</p> <p>25 A. No.</p>	<p>1</p> <p>2 Please make sure that I have</p> <p>3 time to object. Thank you.</p> <p>4 BY MS. THOMPSON:</p> <p>5 Q. Is the presence of asbestos in</p> <p>6 talcum powder products part of your</p> <p>7 opinions?</p> <p>8 MS. DAVIDSON: Objection. Again</p> <p>9 this goes back to questions that he</p> <p>10 could have been asked, and I believe</p> <p>11 was asked, in 2019. You are literally</p> <p>12 doing the very thing --</p> <p>13 MS. THOMPSON: He has new</p> <p>14 opinions on asbestos in his report.</p> <p>15 MS. DAVIDSON: You are literally</p> <p>16 doing the thing that Leigh criticized</p> <p>17 me for doing.</p> <p>18 MS. O'DELL: That's incorrect.</p> <p>19 MS. DAVIDSON: And I am going to</p> <p>20 object.</p> <p>21 Go ahead and answer it, Dr.</p> <p>22 Holcomb.</p> <p>23 MS. THOMPSON: If you could just</p> <p>24 object and we can move on, that would</p> <p>25 be helpful to get out on time.</p>

<p style="text-align: right;">Page 38</p> <p>1</p> <p>2 A. If I can just clarify something.</p> <p>3 You mentioned thousands of</p> <p>4 tests. I have to be --</p> <p>5 Q. There's not a question on the</p> <p>6 table, Dr. Holcomb.</p> <p>7 A. Well, I want to go back and</p> <p>8 clarify something you asked me before.</p> <p>9 You asked me about thousands of</p> <p>10 tests, was I aware of asbestos testing,</p> <p>11 and I have to be honest with you, I am</p> <p>12 aware that there was recent testing of</p> <p>13 talcum products saying that there was no</p> <p>14 asbestos in them, the most recent testing.</p> <p>15 So when you said "thousands," I don't know</p> <p>16 how many were done in that. I just know</p> <p>17 it has been tested recently and not been</p> <p>18 show to contain asbestos.</p> <p>19 Q. Okay. Well, we're actually</p> <p>20 going to get to the testing recently, and</p> <p>21 I think you're actually incorrect in that</p> <p>22 statement, but we're going to get to that</p> <p>23 later.</p> <p>24 Have you seen any tests that are</p> <p>25 positive for asbestos from Johnson &</p>	<p style="text-align: right;">Page 40</p> <p>1</p> <p>2 chance to answer your question.</p> <p>3 Q. If you answer the question. Not</p> <p>4 if you don't.</p> <p>5 A. I want to answer the question.</p> <p>6 MS. DAVIDSON: Excuse me.</p> <p>7 Please, Margaret.</p> <p>8 A. You're asking me about what is</p> <p>9 in talcum powder, and I -- my</p> <p>10 understanding is that I was asked to give</p> <p>11 an opinion as to whether Johnson &</p> <p>12 Johnson's product is associated with an</p> <p>13 increased risk of cancer, that it causes</p> <p>14 or contributes to cancer. So I just want</p> <p>15 to say generally, we can go along this</p> <p>16 line of questioning, but my opinion is</p> <p>17 whatever is in that bottle that has been</p> <p>18 subjected to decades of testing does not</p> <p>19 increase the risk of ovarian cancer.</p> <p>20 So I'm happy to go back and</p> <p>21 forth about what is in the bottle, what's</p> <p>22 on the website. It's -- it's not a --</p> <p>23 it's not impacting my opinions.</p> <p>24 Q. Okay.</p> <p>25 A. My opinions is based on the</p>
<p style="text-align: right;">Page 39</p> <p>1</p> <p>2 Johnson's documents?</p> <p>3 MS. DAVIDSON: Objection. He</p> <p>4 said he's never looked at a Johnson &</p> <p>5 Johnson document.</p> <p>6 MS. THOMPSON: And so he can</p> <p>7 answer it no, he's not aware of any.</p> <p>8 A. I'm not aware of any.</p> <p>9 MS. DAVIDSON: This is</p> <p>10 completely outside the scope of his</p> <p>11 opinions.</p> <p>12 MS. THOMPSON: If you'll just</p> <p>13 let me -- object. Object.</p> <p>14 Asbestos is part of his</p> <p>15 opinions.</p> <p>16 BY MS. THOMPSON:</p> <p>17 Q. On this website it states:</p> <p>18 Johnson's uses only pure pharmaceutical</p> <p>19 grade talc.</p> <p>20 Do you know what pure</p> <p>21 pharmaceutical grade talc is?</p> <p>22 MS. DAVIDSON: Objection.</p> <p>23 A. You know, I -- I just have to</p> <p>24 say the line of questioning here as far</p> <p>25 as -- I want to clarify my -- I do get a</p>	<p style="text-align: right;">Page 41</p> <p>1</p> <p>2 literature.</p> <p>3 Q. Okay. But I'm asking you</p> <p>4 questions about the Johnson & Johnson</p> <p>5 website right now, all right. And I'm</p> <p>6 going to be asking you questions about the</p> <p>7 literature too, so we're not going to</p> <p>8 neglect that.</p> <p>9 In the blue box on this website</p> <p>10 I think on the next page it says: Don't</p> <p>11 take our word for it. Explore the facts</p> <p>12 and make up your own mind.</p> <p>13 Do you see that?</p> <p>14 A. I do see that.</p> <p>15 MS. DAVIDSON: Objection. This</p> <p>16 is so outside the scope of his</p> <p>17 opinions as a GYN oncologist.</p> <p>18 MS. THOMPSON: It is not.</p> <p>19 MS. DAVIDSON: Yes, it is. This</p> <p>20 has nothing to do with his opinions.</p> <p>21 This has nothing to do with his</p> <p>22 report. And this could have been</p> <p>23 asked of him in 2019.</p> <p>24 MS. O'DELL: This report wasn't</p> <p>25 the same in 2019.</p>

<p style="text-align: right;">Page 42</p> <p>1</p> <p>2 MS. THOMPSON: This wasn't --</p> <p>3 MS. O'DELL: Excuse me. Forgive</p> <p>4 me, Margaret.</p> <p>5 MS. DAVIDSON: First of all,</p> <p>6 you're quite correct, this isn't your</p> <p>7 deposition.</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. Did you --</p> <p>10 MS. DAVIDSON: Excuse me, I'm</p> <p>11 still talking.</p> <p>12 MS. THOMPSON: Well, I didn't</p> <p>13 know you were still talking. I</p> <p>14 thought you were just objecting.</p> <p>15 MS. DAVIDSON: These are not</p> <p>16 appropriate questions, Margaret.</p> <p>17 Why don't you ask him about his</p> <p>18 report, about gynecologic oncology,</p> <p>19 and about the science?</p> <p>20 MS. THOMPSON: I'm asking him</p> <p>21 about the Johnson & Johnson website to</p> <p>22 see if he agrees with what is on the</p> <p>23 Johnson & Johnson website. I think</p> <p>24 it's totally appropriate and his</p> <p>25 opinions relate to it.</p>	<p style="text-align: right;">Page 44</p> <p>1</p> <p>2 MS. DAVIDSON: Excuse me.</p> <p>3 You've now interrupted me too.</p> <p>4 You need to let each of us</p> <p>5 finish a sentence. A sentence</p> <p>6 finishes when there's a period, not in</p> <p>7 the middle of the sentence.</p> <p>8 Dr. Holcomb has been interrupted</p> <p>9 now five or six times. It is</p> <p>10 disrespectful to him. And he was in</p> <p>11 the middle of answering a question.</p> <p>12 It's also harder for the court</p> <p>13 reporter.</p> <p>14 Were you done? Do you even know</p> <p>15 what you were saying at this point?</p> <p>16 A. No, I -- I was saying that I</p> <p>17 already stated that I've not visited the</p> <p>18 website, so there would be no way that I</p> <p>19 would note how many papers are in this tab</p> <p>20 that leads somewhere else.</p> <p>21 And so I do feel like this line</p> <p>22 of questioning is sort of going in</p> <p>23 circles. I've not visited this website.</p> <p>24 Q. It's very simple to just answer</p> <p>25 a question yes or no, and we can move on</p>
<p style="text-align: right;">Page 43</p> <p>1</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. Do you know how many documents</p> <p>4 are in "Explore the Facts"?</p> <p>5 MS. DAVIDSON: Objection.</p> <p>6 A. I have not seen this website</p> <p>7 before, so I would not --</p> <p>8 Q. Then say "I don't know." Okay.</p> <p>9 There are 5,000--</p> <p>10 MS. DAVIDSON: Excuse me.</p> <p>11 Excuse me.</p> <p>12 You just interrupted him in the</p> <p>13 middle of a sentence. This is getting</p> <p>14 out of control.</p> <p>15 MS. THOMPSON: We will not</p> <p>16 finish today, Jessica.</p> <p>17 MS. DAVIDSON: Margaret, you</p> <p>18 need to take a deep breath and you</p> <p>19 need to let this witness finish --</p> <p>20 MS. THOMPSON: I think you need</p> <p>21 to take a deep breath.</p> <p>22 MS. DAVIDSON: You need to let</p> <p>23 this witness --</p> <p>24 MS. THOMPSON: I will let the</p> <p>25 witness answer my questions.</p>	<p style="text-align: right;">Page 45</p> <p>1</p> <p>2 very quickly.</p> <p>3 So, you have not seen any of the</p> <p>4 5,000 documents that are on the Johnson &</p> <p>5 Johnson website that says explore the</p> <p>6 facts and make up your mind, correct?</p> <p>7 A. If I don't know what --</p> <p>8 MS. DAVIDSON: Excuse me.</p> <p>9 Objection; asked and answered.</p> <p>10 You got to let me object.</p> <p>11 THE WITNESS: Sure.</p> <p>12 MS. DAVIDSON: And he just</p> <p>13 answered that question, Margaret. So</p> <p>14 I don't know why you're asking it</p> <p>15 again. You asked that very question.</p> <p>16 He just answered it. If you want the</p> <p>17 same answer again, go ahead.</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. You can answer.</p> <p>20 A. Because I don't know what --</p> <p>21 I've not been to this website. I don't</p> <p>22 know where it's leading, so I can't tell</p> <p>23 you if I've seen any of the papers because</p> <p>24 I've given you my reliance list and you</p> <p>25 know what papers I've read that impact my</p>

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<p>1 2 opinions. Whether that's attached to 3 something I've never seen before, you know 4 that I don't know what's attached. I've 5 already answered that question. 6 Q. Let's go to your report. 7 Who wrote this report? 8 A. I did. 9 Q. Who wrote the amendments to this 10 report? 11 A. Amendments? 12 Q. The statements in your amended 13 report. 14 A. I did. 15 Q. And every word of the report -- 16 A. Every word. 17 Q. -- are yours? 18 A. Yes. 19 Q. Tell me the process that you 20 used when you were writing this report. 21 A. Could you be a little bit more 22 clear what you mean "process"? 23 Q. Did you do it by hand? Did you 24 do it by word processing? How did you 25 find the literature that -- how did you</p>	<p>1 2 MS. DAVIDSON: Do you have an 3 extra copy? 4 THE STENOGRAPHER: (Handing to 5 counsel.) 6 MS. DAVIDSON: Thank you very 7 much. 8 BY MS. THOMPSON: 9 Q. In your previous report, in this 10 one you state on page 2 that you "do not 11 inquire and have never inquired about 12 prior talc use, nor do I recommend against 13 it for my ovarian cancer patients." 14 Is that still the case? 15 A. That's still the case. 16 Q. And "I know of no one in my 17 division or specialty who does so." 18 Is that still the case? 19 A. That is. 20 Q. You know no one in the GYN 21 oncology specialty that inquires about 22 talc use or recommends their patients 23 don't use it? 24 A. Outside of this litigation and 25 reading expert reports, I had never met</p>
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<p>1 2 decide what to include? 3 Just a short narrative on your 4 process in writing this report. 5 A. So, a big chunk of the 6 literature I was already familiar with 7 from my last report, and then I did 8 literature searches to see what was new. 9 The lawyers had provided a list of things 10 that were new. In reading some of those 11 papers, I also went into bibliographies 12 and if anything that was new there. And I 13 did not write it by hand. I typed it into 14 Microsoft Word as I was going along. And 15 just reading, I was updating things from 16 my old report that have changed. Like you 17 mentioned one thing about my role in the 18 medical college. 19 Q. On page 2 of your current 20 report. 21 MS. DAVIDSON: Are you looking 22 at the clean or the redline? 23 MS. THOMPSON: We'll just use 24 the non-redlined report unless I say 25 otherwise.</p>	<p>1 2 anybody in GYN oncology who did this 3 through all my years of training. 4 Q. Well, we'll be looking at a lot 5 of literature today with a lot of authors, 6 and I'll be asking you that question as we 7 go through the literature. 8 A. I'm okay with that. 9 Q. Because that is a very bold 10 statement, you would agree? 11 A. I would agree. 12 Q. And do you have any way of 13 knowing that there's no one in your 14 specialty that inquires or recommends 15 against using talc? 16 A. It is my statement that -- 17 MS. DAVIDSON: Objection. 18 A. -- I don't know of anyone or 19 it's a statement that there is no one? 20 Q. Well, it's "I know of no one." 21 Do you have any way of 22 knowing -- 23 A. That I don't know of anyone? 24 I'm pretty sure that I would 25 know who I know.</p>

<p style="text-align: right;">Page 50</p> <p>1</p> <p>2 Q. Okay.</p> <p>3 And you also say that this is in</p> <p>4 keeping with the recommendations of SGO</p> <p>5 and ACOG that offer practice guidelines</p> <p>6 for the specialty.</p> <p>7 Is that still your opinion?</p> <p>8 A. Yes, it is.</p> <p>9 Q. Is it your opinion that SGO and</p> <p>10 ACOG offer practice guidelines regarding</p> <p>11 talc use?</p> <p>12 A. ACOG offers guidelines about</p> <p>13 early detection or prevention of ovarian</p> <p>14 cancer, and I was -- and so it's not</p> <p>15 specific to talc. It's on the whole care</p> <p>16 of a woman with ovarian cancer.</p> <p>17 Q. But you will agree that neither</p> <p>18 SGO or ACOG have issued a practice</p> <p>19 guideline on talc use?</p> <p>20 A. Not specifically on talc use.</p> <p>21 My opinion of what ACOG and SGO</p> <p>22 are saying comes from other sources, which</p> <p>23 are in my reliance list. We can get to</p> <p>24 them, I'm sure.</p> <p>25 Q. And both ACOG and SGO do have</p>	<p style="text-align: right;">Page 52</p> <p>1</p> <p>2 American College of Obstetrics and</p> <p>3 Gynecology and the Society of GYN</p> <p>4 Oncology, if they felt that the deadliest</p> <p>5 GYN malignancy was caused by something</p> <p>6 that could easily be recommended against</p> <p>7 would rush to clearly make a statement to</p> <p>8 advise practicing GYN oncologists like</p> <p>9 myself to speak to our patients about</p> <p>10 their use of talc and to recommend against</p> <p>11 it.</p> <p>12 And if your question is why</p> <p>13 didn't they do that and you want me to</p> <p>14 speculate why they didn't do it, yes, I</p> <p>15 feel pretty confident to speculate that</p> <p>16 they didn't do that because they're not</p> <p>17 concerned because I think they are</p> <p>18 concerned about women's lives.</p> <p>19 Q. Does Johnson & Johnson</p> <p>20 contribute financially to ACOG and SGO?</p> <p>21 MS. DAVIDSON: Objection.</p> <p>22 A. I -- I assume that they probably</p> <p>23 do.</p> <p>24 Q. Could that be a reason that ACOG</p> <p>25 and SGO are reluctant to publish a</p>
<p style="text-align: right;">Page 51</p> <p>1</p> <p>2 procedures, clinical review committees,</p> <p>3 that issue public statements on clinical</p> <p>4 issues of interest, correct?</p> <p>5 A. Yes.</p> <p>6 Q. And neither of them have issued</p> <p>7 any statement of that to that effect on</p> <p>8 talc?</p> <p>9 A. That's true. And I take that as</p> <p>10 proof that they're not concerned about the</p> <p>11 cause of talc because where they have</p> <p>12 issues with things that cause cancer, they</p> <p>13 very clearly state their opinion.</p> <p>14 Q. Is it your opinion that the</p> <p>15 reason that SGO and ACOG have not made a</p> <p>16 specific statement as to risks of talc is</p> <p>17 because they don't think it is?</p> <p>18 A. Yes, that's my opinion.</p> <p>19 Q. Are you aware of any other</p> <p>20 reasons that they could not -- that they</p> <p>21 would not make that kind of statement?</p> <p>22 MS. DAVIDSON: Objection; calls</p> <p>23 for speculation.</p> <p>24 A. I have to say that I think any</p> <p>25 reasonable physician would assume that the</p>	<p style="text-align: right;">Page 53</p> <p>1</p> <p>2 statement regarding talc use and ovarian</p> <p>3 cancer?</p> <p>4 A. I think that insinuation is</p> <p>5 extremely insulting, and I'll tell you</p> <p>6 why. Because before this litigation</p> <p>7 around this area began, folks like myself,</p> <p>8 the leadership of SGO, the leadership of</p> <p>9 ACOG, we've been taking care of women with</p> <p>10 ovarian cancer for years, and for you to</p> <p>11 insinuate that financial contributions</p> <p>12 have caused ACOG and SGO to sell out the</p> <p>13 women of America I find quite insulting.</p> <p>14 Q. Could there be any political</p> <p>15 reasons that SGO and ACOG would be</p> <p>16 hesitant to publish a statement about talc</p> <p>17 use and ovarian cancer?</p> <p>18 A. I'm just as insulted by that</p> <p>19 question for all the same reasons.</p> <p>20 And on top of it, no, I can't</p> <p>21 think of any.</p> <p>22 Q. Would there be any fear of</p> <p>23 repercussions or litigation from Johnson &</p> <p>24 Johnson if ACOG and SGO were to publish a</p> <p>25 statement on talc use and ovarian cancer?</p>

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<p>1</p> <p>2 A. ACOG and SGO have clearly said</p> <p>3 that they do not feel that the evidence</p> <p>4 after 40 years supports that ovarian</p> <p>5 cancer is caused by talc.</p> <p>6 Q. Where do they say that?</p> <p>7 A. It says that the evidence is</p> <p>8 inconclusive that it is not -- it's not an</p> <p>9 established risk factor because the weight</p> <p>10 of the evidence does not support that.</p> <p>11 Q. Where do they say that?</p> <p>12 A. Well, it's in William Burke's</p> <p>13 statement that the paper, the white paper</p> <p>14 that was written which was both SGO and</p> <p>15 ACOG members taking part in it.</p> <p>16 Q. The Burke paper has one sentence</p> <p>17 about talc, doesn't it?</p> <p>18 A. I'd have to go back through and</p> <p>19 see how many sentences are about it, but</p> <p>20 I --</p> <p>21 Q. Does it say anything about talc</p> <p>22 is safe?</p> <p>23 MS. DAVIDSON: Excuse me. He</p> <p>24 was in the middle of a sentence.</p> <p>25 MS. THOMPSON: Okay. I'm sorry,</p>	<p>1</p> <p>2 issue any advice against the use of this</p> <p>3 thing. And so I think it's very common</p> <p>4 sense to say that these organizations feel</p> <p>5 it's safe because if they didn't, they</p> <p>6 would issue advice against its use, and</p> <p>7 they would recommend that we ask patients</p> <p>8 about its use and recommend against it.</p> <p>9 So yes, I think it's -- I think</p> <p>10 they're saying it's safe by all those</p> <p>11 things.</p> <p>12 Q. Does the ACOG actually say talc</p> <p>13 is safe?</p> <p>14 MS. DAVIDSON: Objection.</p> <p>15 A. I'm explaining already --</p> <p>16 Q. That's a yes/no question.</p> <p>17 Does ACOG say talc is safe?</p> <p>18 A. ACOG doesn't make a statement</p> <p>19 that it's safe or not safe.</p> <p>20 Q. Does ACOG say that there is no</p> <p>21 evidence that talc is associated with</p> <p>22 ovarian cancer?</p> <p>23 A. No. They would not say that</p> <p>24 because there's a weight of evidence, over</p> <p>25 40 years there's a number of studies, and</p>
Page 55	Page 57
<p>1</p> <p>2 sometimes I think he's finished and</p> <p>3 he's still going. I'm intentionally</p> <p>4 interrupting him.</p> <p>5 MS. DAVIDSON: This is not an</p> <p>6 argument. This is a deposition.</p> <p>7 MS. O'DELL: Please.</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. Go ahead.</p> <p>10 A. I think the way I look at this</p> <p>11 topic, and any topic of a potential</p> <p>12 substance that's been studied with</p> <p>13 relationship to cancer, you can look at it</p> <p>14 as if all of these substances are</p> <p>15 dangerous until proven safe, or you can</p> <p>16 look at it that things are considered safe</p> <p>17 until they're proven to increase the risk</p> <p>18 of a cancer, to be associated with or have</p> <p>19 some evidence or causality.</p> <p>20 So whenever a group, whether</p> <p>21 it's the NCI, ACOG, SGO, says that the</p> <p>22 evidence does not support an association</p> <p>23 between talc use and ovarian cancer, my</p> <p>24 interpretation that they're saying it's</p> <p>25 safe. And then on top of it, they don't</p>	<p>1</p> <p>2 to say that there is no evidence suggests</p> <p>3 that no study has ever shown this. But</p> <p>4 what they're saying is when we weigh all</p> <p>5 of the evidence, we say that it does not</p> <p>6 lead to a conclusion. You cannot conclude</p> <p>7 from this evidence that ovarian cancer is</p> <p>8 caused by talc.</p> <p>9 Q. And I understand that Dr.</p> <p>10 Holcomb is saying that.</p> <p>11 A. No, no, I'm saying this is</p> <p>12 what --</p> <p>13 Q. No, let me finish.</p> <p>14 A. Okay.</p> <p>15 Q. I didn't have a question.</p> <p>16 A. Okay.</p> <p>17 Q. I'm asking does ACOG say there's</p> <p>18 decades of literature and we do not think</p> <p>19 there's a connection between talcum powder</p> <p>20 use and talc? Anything other than leaving</p> <p>21 it off a list?</p> <p>22 A. I'd have to go back and read the</p> <p>23 ACOG statement.</p> <p>24 THE WITNESS: Do I have it?</p> <p>25 Q. But you don't know --</p>

<p style="text-align: right;">Page 58</p> <p>1</p> <p>2 A. Do we have it in the records?</p> <p>3 Q. Jessica can ask you that.</p> <p>4 You don't know off the top of</p> <p>5 your head whether ACOG says there's no</p> <p>6 association of talc with ovarian cancer or</p> <p>7 talc is safe, either of those statements?</p> <p>8 A. If it's okay for me to</p> <p>9 paraphrase, since I don't have the exact</p> <p>10 paper in front of me and I don't have a</p> <p>11 photographic memory, my memory is that</p> <p>12 they say the weight of the evidence does</p> <p>13 not support a connection between ovarian</p> <p>14 cancer and talc use.</p> <p>15 If you give me the report, I can</p> <p>16 show you what's I'm basing that.</p> <p>17 Q. Your report?</p> <p>18 A. No, the -- you're asking me</p> <p>19 specifically what is said by ACOG.</p> <p>20 Q. Well, I can't show it to you</p> <p>21 'cause I don't -- they don't say that. So</p> <p>22 how am I going to show that to you?</p> <p>23 A. You're asking me about my</p> <p>24 opinion, my interpretation of what ACOG is</p> <p>25 saying, and I'm telling you I don't have</p>	<p style="text-align: right;">Page 60</p> <p>1</p> <p>2 of ACOG ever making a statement?</p> <p>3 MS. THOMPSON: That their 40</p> <p>4 year -- decades of safety information?</p> <p>5 MS. DAVIDSON: I'm pretty sure</p> <p>6 he cited an ACOG statement in his</p> <p>7 materials reviewed.</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. Okay. Let's go to your</p> <p>10 materials reviewed, Dr. Holcomb.</p> <p>11 Can you find the statement from</p> <p>12 ACOG --</p> <p>13 A. One second, I don't have it yet.</p> <p>14 Q. -- that you're referring to?</p> <p>15 A. One second. I don't have it</p> <p>16 yet.</p> <p>17 Q. And I'll ask the same for ACOG</p> <p>18 if you want to look at the same time for</p> <p>19 that statement.</p> <p>20 MS. THOMPSON: Just while he's</p> <p>21 looking, he can look for the</p> <p>22 statements from both SGO and ACOG that</p> <p>23 he's referred to on his reliance list.</p> <p>24 A. The first thing I will point to</p> <p>25 is the paper by Burke that you mentioned</p>
<p style="text-align: right;">Page 59</p> <p>1</p> <p>2 it in front of me so I can't say exactly</p> <p>3 the wording.</p> <p>4 My interpretation of what</p> <p>5 they're saying is that there's 40 years of</p> <p>6 literature on this topic and it's not</p> <p>7 strong enough to say that talc is unsafe,</p> <p>8 that it is associated with ovarian cancer.</p> <p>9 And that's all that we're talking about.</p> <p>10 So if it's not associated with ovarian</p> <p>11 cancer, then that's whether you're saying</p> <p>12 it's safe or not.</p> <p>13 Q. I'm just asking what you're --</p> <p>14 A. I think I've --</p> <p>15 Q. -- referring to to give that you</p> <p>16 impression.</p> <p>17 A. I just answered the question.</p> <p>18 MS. DAVIDSON: He told you he's</p> <p>19 referring to ACOG statements. He</p> <p>20 doesn't have it in front of him.</p> <p>21 If you'd like to put in front of</p> <p>22 him ACOG statements --</p> <p>23 MS. THOMPSON: I don't know if</p> <p>24 there's ACOG statements.</p> <p>25 MS. DAVIDSON: You're not aware</p>	<p style="text-align: right;">Page 61</p> <p>1</p> <p>2 earlier which has both ACOG and SGO</p> <p>3 members participating on that white paper</p> <p>4 where they say the evidence is</p> <p>5 inconclusive that it --</p> <p>6 Q. Okay. Well, we have Burke, and</p> <p>7 that's not what it says. But we'll get to</p> <p>8 that.</p> <p>9 A. Sure.</p> <p>10 Q. We can get to Burke.</p> <p>11 A. And then I'm going to tell you</p> <p>12 where ACOG is, one second.</p> <p>13 (Pause.)</p> <p>14 You asked me about SGO as well</p> <p>15 or just ACOG?</p> <p>16 Q. Both.</p> <p>17 A. So 133 SGO ovarian cancer risk</p> <p>18 factors.</p> <p>19 Q. And you're aware that ovarian</p> <p>20 cancer risk factors just does not --</p> <p>21 MS. DAVIDSON: He's in the</p> <p>22 middle of answering.</p> <p>23 BY MS. THOMPSON:</p> <p>24 Q. Were you in the middle of</p> <p>25 answering, Dr. Holcomb?</p>

<p style="text-align: right;">Page 62</p> <p>1</p> <p>2 MS. DAVIDSON: Yes.</p> <p>3 MS. THOMPSON: He can speak for</p> <p>4 himself, Jessica.</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. Were you in the middle of</p> <p>7 answering that question?</p> <p>8 A. Yes, I was saying that the SGO</p> <p>9 risk factors does not include talc as a</p> <p>10 risk factor.</p> <p>11 Q. It does not include talc as a</p> <p>12 risk factor.</p> <p>13 Does it say that there are</p> <p>14 decades of information and there's no</p> <p>15 evidence to show that talc is a risk</p> <p>16 factor for ovarian cancer?</p> <p>17 A. It says that SGO does not</p> <p>18 consider talc a risk factor for ovarian</p> <p>19 cancer.</p> <p>20 Q. It doesn't include it on the</p> <p>21 list, right?</p> <p>22 A. So you agree that they -- well,</p> <p>23 I'm being asked the question.</p> <p>24 Q. I --</p> <p>25 A. So yes, I assume that it</p>	<p style="text-align: right;">Page 64</p> <p>1</p> <p>2 some of those later today.</p> <p>3 A. Sure.</p> <p>4 So, but we're speaking about SGO</p> <p>5 and ACOG, and I'm saying SGO, ACOG,</p> <p>6 National Cancer Institute, all of them --</p> <p>7 Q. Okay.</p> <p>8 A. -- say that there is not</p> <p>9 conclusive evidence, that there's</p> <p>10 insufficient evidence to consider talc as</p> <p>11 something that contributes to or causes</p> <p>12 ovarian cancer, and it is my</p> <p>13 interpretation that if it is not thought</p> <p>14 to contribute to or cause ovarian cancer</p> <p>15 that it is safe.</p> <p>16 Q. All right. If you can really</p> <p>17 try to answer the question, okay.</p> <p>18 A. I thought I was.</p> <p>19 Q. Just listen to the question and</p> <p>20 answer it.</p> <p>21 A. Sure, I'll listen again.</p> <p>22 Q. Is there an affirmative</p> <p>23 statement on ACOG or SGO that there are</p> <p>24 decades of literature and articles on talc</p> <p>25 and we have determined that the evidence</p>
<p style="text-align: right;">Page 63</p> <p>1</p> <p>2 means they do not consider --</p> <p>3 MS. DAVIDSON: He's testifying.</p> <p>4 BY MS. THOMPSON:</p> <p>5 Q. But is there any statement as to</p> <p>6 the safety of talc?</p> <p>7 A. I think we're going around in</p> <p>8 circles a bit about this because --</p> <p>9 Q. Just answer the question.</p> <p>10 A. I'm trying to give you my</p> <p>11 explanation.</p> <p>12 If something is not a risk</p> <p>13 factor, if it's not considered a risk</p> <p>14 factor for this disease, then it's safe.</p> <p>15 So you're asking me do they specifically</p> <p>16 say it's safe, but they're saying --</p> <p>17 they're not saying it's a risk factor. So</p> <p>18 if they're saying that it's safe. If it's</p> <p>19 not a risk factor, it's safe.</p> <p>20 Q. And you're aware of dozens of</p> <p>21 other places where talc is listed as a</p> <p>22 risk factor, correct?</p> <p>23 A. No, I'm not aware of dozens of</p> <p>24 other places.</p> <p>25 Q. Okay. Well, we'll go through</p>	<p style="text-align: right;">Page 65</p> <p>1</p> <p>2 is inconclusive or we have determined that</p> <p>3 it is not a risk factor, an affirmative</p> <p>4 statement to that effect?</p> <p>5 MS. DAVIDSON: Objection; asked</p> <p>6 and answered.</p> <p>7 A. Yeah, I've already answered the</p> <p>8 question.</p> <p>9 Q. What is your answer?</p> <p>10 A. That they're saying it is not a</p> <p>11 risk factor so --</p> <p>12 Q. Is that an affirmative statement</p> <p>13 if it's left off the list?</p> <p>14 MS. DAVIDSON: I'm sorry,</p> <p>15 Margaret, you really have to --</p> <p>16 MS. THOMPSON: I just want him</p> <p>17 to answer my question.</p> <p>18 MS. DAVIDSON: Margaret, you've</p> <p>19 now interrupted the witness and you</p> <p>20 interrupted --</p> <p>21 MS. THOMPSON: You've</p> <p>22 interrupted me.</p> <p>23 MS. DAVIDSON: No, I didn't</p> <p>24 interrupt you. You interrupted me.</p> <p>25 THE WITNESS: Yeah, I --</p>

<p style="text-align: right;">Page 66</p> <p>1</p> <p>2 MS. DAVIDSON: Excuse me.</p> <p>3 THE WITNESS: Sorry.</p> <p>4 MS. THOMPSON: You interrupted</p> <p>5 your witness.</p> <p>6 MS. DAVIDSON: Excuse me.</p> <p>7 Leigh, you are the most polite</p> <p>8 plaintiff's lawyer. You never</p> <p>9 interrupt.</p> <p>10 Can you please ask your</p> <p>11 co-counsel to stop interrupting the</p> <p>12 witness?</p> <p>13 I think we need to have a reset</p> <p>14 here. Everybody needs to take a deep</p> <p>15 breath and stop interrupting.</p> <p>16 Dr. Holcomb was in the middle of</p> <p>17 answering. If you're frustrated with</p> <p>18 his answer, just write down your</p> <p>19 frustration until the sentence is</p> <p>20 finished.</p> <p>21 MS. O'DELL: All right. That's</p> <p>22 not helpful. Please.</p> <p>23 MS. DAVIDSON: Now you're</p> <p>24 interrupting me, Leigh, and you never</p> <p>25 do that.</p>	<p style="text-align: right;">Page 68</p> <p>1</p> <p>2 MS. DAVIDSON: Objection; asked</p> <p>3 and answered.</p> <p>4 A. Again I interpret that statement</p> <p>5 as an affirmative statement. You're</p> <p>6 asking -- so in my opinion, yes, because</p> <p>7 they're not going to list everything that</p> <p>8 they don't think causes ovarian cancer.</p> <p>9 They're not going to say that peanuts</p> <p>10 don't cause ovarian cancer. They're not</p> <p>11 going to say that hair dye does not cause</p> <p>12 ovarian cancer. If they think something</p> <p>13 causes ovarian cancer, they're going to</p> <p>14 say it.</p> <p>15 And I know you're asking me and</p> <p>16 I know what you want to hear, but I'm</p> <p>17 telling you that if they don't list it as</p> <p>18 a risk factor, I think -- I interpret that</p> <p>19 as a affirmative statement of its safety.</p> <p>20 Its absence, in my interpretation, is an</p> <p>21 affirmative statement of a safety.</p> <p>22 They don't say roller-skating is</p> <p>23 associated with ovarian cancer. I assume</p> <p>24 that they think roller-skating is safe.</p> <p>25 Q. Are there 50 studies about</p>
<p style="text-align: right;">Page 67</p> <p>1</p> <p>2 MS. O'DELL: Let's take a break.</p> <p>3 MS. DAVIDSON: You want to take</p> <p>4 a five-minute break?</p> <p>5 MS. O'DELL: Just two minutes.</p> <p>6 We'll walk to the bathroom and come</p> <p>7 back.</p> <p>8 MS. DAVIDSON: Okay, great.</p> <p>9 Because this is really getting off the</p> <p>10 rails.</p> <p>11 MS. O'DELL: It is not,</p> <p>12 actually. You keep saying that,</p> <p>13 Jessica. It's not off the rails.</p> <p>14 We're certainly not being</p> <p>15 disrespectful. So don't suggest that</p> <p>16 it was.</p> <p>17 (Recess taken.)</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. Dr. Holcomb, listen to my</p> <p>20 question and try to answer it. I'm not</p> <p>21 asking for an interpretation. I'm just</p> <p>22 asking a basic question.</p> <p>23 Does SGO have an affirmative</p> <p>24 statement on their website that says talc</p> <p>25 is safe?</p>	<p style="text-align: right;">Page 69</p> <p>1</p> <p>2 roller skating and ovarian cancer?</p> <p>3 A. Even -- and that is an even</p> <p>4 stronger point. The fact that there's all</p> <p>5 this data on talc and they still don't</p> <p>6 mention talc, because you're right,</p> <p>7 there's more studies on talc than roller</p> <p>8 skating and ovarian cancer. And talc is</p> <p>9 not listed. So I interpret that as an</p> <p>10 affirmative statement.</p> <p>11 Q. With the public attention, would</p> <p>12 it be helpful to doctors and patients for</p> <p>13 ACOG to make a statement that talc is</p> <p>14 safe?</p> <p>15 MS. DAVIDSON: Objection.</p> <p>16 A. I don't think of -- I don't</p> <p>17 think medical societies and doctors</p> <p>18 outside of this world of litigation play</p> <p>19 in the realm that you all play in. We</p> <p>20 make statements based on literature and --</p> <p>21 and, you know, when you hear a doctor</p> <p>22 making justifications for what they're</p> <p>23 doing based on litigation, sort of like</p> <p>24 the introduction for Penninkilampi. We're</p> <p>25 going to get to the literature later. But</p>

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<p>1</p> <p>2 when you see people bringing up litigation</p> <p>3 as their reasoning for how they take care</p> <p>4 of patients, I think there's something</p> <p>5 wrong with that.</p> <p>6 So no, I don't think that they</p> <p>7 should feel pressured in this environment</p> <p>8 to make statements to play in this realm</p> <p>9 of litigation.</p> <p>10 Q. Is there an affirmative</p> <p>11 statement from ACOG that talc is safe?</p> <p>12 Not your interpretation. Is there an</p> <p>13 affirmative statement on ACOG's website</p> <p>14 that talc is safe?</p> <p>15 MS. DAVIDSON: I'm going to</p> <p>16 object. This has been asked and</p> <p>17 answered multiple times.</p> <p>18 A. I've answered yes, that, in my</p> <p>19 interpretation, that is an affirmative</p> <p>20 statement.</p> <p>21 Q. And that goes for both ACOG and</p> <p>22 SGO, you think there's an affirmative</p> <p>23 statement on their websites that talc is</p> <p>24 safe?</p> <p>25 A. I've explained this, yes.</p>	<p>1</p> <p>2 And you were very involved with</p> <p>3 the fellowship program at your</p> <p>4 institution, correct?</p> <p>5 A. Correct.</p> <p>6 Q. And I am sure you are familiar</p> <p>7 with the Guide to Learning in Gynecologic</p> <p>8 Oncology published by ABO+G?</p> <p>9 A. I'm aware of it, yes.</p> <p>10 Q. Do you have your fellows follow</p> <p>11 the guidelines in the Guide to Learning so</p> <p>12 they're prepared for their board</p> <p>13 examination?</p> <p>14 A. I -- I'd have to look at it to</p> <p>15 tell you whether -- you know, I'd have to</p> <p>16 see it in front of me. It's not on my</p> <p>17 reliance list, so I can't say I know</p> <p>18 everything that's in it.</p> <p>19 Q. Do you know that talc and</p> <p>20 asbestos are considered environmental</p> <p>21 contaminants and there's a relationship</p> <p>22 with ovarian cancer?</p> <p>23 MS. DAVIDSON: Objection.</p> <p>24 A. No, I'm not aware. I don't have</p> <p>25 the -- the paper in front of me, and I'm</p>
Page 71	Page 73
<p>1</p> <p>2 And I'm sorry that I just looked</p> <p>3 at my reliance list, and I didn't add</p> <p>4 ACOG's 2017 statement on ovarian cancer,</p> <p>5 which I should have. I looked through</p> <p>6 this list and I don't see it. But in that</p> <p>7 statement --</p> <p>8 Q. Are you talking about the Hal</p> <p>9 Lawrence statement --</p> <p>10 A. No.</p> <p>11 Q. What 2017 statement on --</p> <p>12 MS. DAVIDSON: We'll do an</p> <p>13 amended reliance list. I don't know</p> <p>14 why it's not on there.</p> <p>15 BY MS. THOMPSON:</p> <p>16 Q. But you will agree that there's</p> <p>17 nothing on your materials reviewed and</p> <p>18 considered that has a statement from ACOG</p> <p>19 or SGO that talc is safe, correct?</p> <p>20 MS. DAVIDSON: Objection.</p> <p>21 A. I've already answered this</p> <p>22 question.</p> <p>23 Q. I don't believe you have, but</p> <p>24 we'll never get out of here if we continue</p> <p>25 on, so we'll move on.</p>	<p>1</p> <p>2 not sure what it says.</p> <p>3 Would you like me to read it?</p> <p>4 (Holcomb Exhibit 7, Guide to</p> <p>5 Learning in Gynecologic Oncology -</p> <p>6 ABO+G 4/2018, was marked for</p> <p>7 identification, as of this date.)</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. If you'll turn to page 13 under</p> <p>10 the heading --</p> <p>11 MS. DAVIDSON: Can I get one?</p> <p>12 MS. O'DELL: Sure, sorry</p> <p>13 (handing).</p> <p>14 MS. DAVIDSON: Thanks, Leigh.</p> <p>15 BY MS. THOMPSON:</p> <p>16 Q. What is this document that I</p> <p>17 just gave you?</p> <p>18 A. It says "Guide to Learning in</p> <p>19 Gynecologic Oncology" from ABO+G.</p> <p>20 Q. Have you ever seen this before?</p> <p>21 A. I'm aware of the Guide to</p> <p>22 Learning. I'm not sure of this specific</p> <p>23 version. This is my first time --</p> <p>24 Q. Have you seen any version --</p> <p>25 A. Yes.</p>

<p style="text-align: right;">Page 74</p> <p>1</p> <p>2 Q. -- in the last ten years?</p> <p>3 A. Yes, I have.</p> <p>4 Q. If you'll turn to page 13.</p> <p>5 A. Yes.</p> <p>6 Q. "Carcinogenesis Invasion</p> <p>7 Metastasis" is the title, correct?</p> <p>8 A. Yes.</p> <p>9 Q. And the terminal objective is</p> <p>10 that fellows should understand the current</p> <p>11 theories of carcinogenesis including the</p> <p>12 effects of environment, family history,</p> <p>13 and viral factors, correct?</p> <p>14 A. Yes.</p> <p>15 Q. And under B(e): Environmental</p> <p>16 contaminants such as the relationship of</p> <p>17 talc and asbestos to ovarian and other</p> <p>18 malignancies and smoking to lower genital</p> <p>19 tract cancer.</p> <p>20 A. Yes.</p> <p>21 Q. Is it your opinion that ABO+G</p> <p>22 put this in there so that the fellows</p> <p>23 would be taught that there's no</p> <p>24 relationship between talc and asbestos to</p> <p>25 ovarian cancers?</p>	<p style="text-align: right;">Page 76</p> <p>1</p> <p>2 MS. DAVIDSON: Objection.</p> <p>3 A. Yes, I have. I have -- I had to</p> <p>4 think about it. I give a lecture on</p> <p>5 ovarian cancer and I do mention, A, that</p> <p>6 I'm involved as a expert; and B, I discuss</p> <p>7 my interpretation of the literature. But</p> <p>8 I always encourage them in all the areas</p> <p>9 that I speak on to do their own</p> <p>10 examination as well.</p> <p>11 Q. But you're quite confident that</p> <p>12 none of them ever ask their patients about</p> <p>13 talc use or discuss that there may be a</p> <p>14 relationship?</p> <p>15 A. I've never seen it mentioned in</p> <p>16 a note. I've never seen it -- I've never</p> <p>17 seen it mentioned in a progress note nor</p> <p>18 anybody do it in front of me. So I have</p> <p>19 no reason to believe that is occurring.</p> <p>20 Q. Were you finished? I'm sorry.</p> <p>21 A. I am.</p> <p>22 Q. And you said that Burke provides</p> <p>23 a statement that talc use is safe,</p> <p>24 correct?</p> <p>25 A. I said Burke --</p>
<p style="text-align: right;">Page 75</p> <p>1</p> <p>2 A. No. I think that ABO+G is</p> <p>3 saying that fellows should be familiar</p> <p>4 with the literature, the body of</p> <p>5 literature examining the relationship</p> <p>6 between talc and ovarian cancer.</p> <p>7 Q. Is there anything else on these</p> <p>8 risk factors list that is not something</p> <p>9 that's related?</p> <p>10 MS. DAVIDSON: Objection.</p> <p>11 I don't understand your</p> <p>12 question.</p> <p>13 A. Yeah, I'm a little confused by</p> <p>14 the question.</p> <p>15 Q. Are there other things that you</p> <p>16 would consider in the same category as</p> <p>17 talc and asbestos, they're just wanting</p> <p>18 you to know about the literature, but</p> <p>19 there's actually no relationship?</p> <p>20 A. They have herpes here. I'm not</p> <p>21 sure which GYN malignancy herpes causes.</p> <p>22 Q. We'll move on.</p> <p>23 Did you teach your fellows to</p> <p>24 look at the literature on talc and</p> <p>25 asbestos and make up their own minds?</p>	<p style="text-align: right;">Page 77</p> <p>1</p> <p>2 MS. DAVIDSON: Objection;</p> <p>3 misstates his testimony.</p> <p>4 You got to give me that one</p> <p>5 little chance.</p> <p>6 THE WITNESS: Sorry.</p> <p>7 MS. DAVIDSON: I know</p> <p>8 everybody's excited to answer</p> <p>9 questions and get out of here today.</p> <p>10 A. Again, I said that Burke made a</p> <p>11 statement saying that evidence is</p> <p>12 insufficient to conclude that talc causes</p> <p>13 ovarian cancer or contributes to it.</p> <p>14 Q. And from that statement, you're</p> <p>15 saying that Burke is saying that there's</p> <p>16 no association and talc is safe because of</p> <p>17 that, correct?</p> <p>18 MS. DAVIDSON: Objection;</p> <p>19 misstates his testimony.</p> <p>20 MS. THOMPSON: I believe that's</p> <p>21 what he's been telling me.</p> <p>22 BY MS. THOMPSON:</p> <p>23 Q. Is that what you've been telling</p> <p>24 me all morning, that if there's --</p> <p>25 A. I'm telling you that Burke comes</p>

<p style="text-align: right;">Page 78</p> <p>1</p> <p>2 to the conclusion that weighing the</p> <p>3 totality of the evidence, that there is</p> <p>4 not conclusive evidence that talc causes</p> <p>5 ovarian cancer or contributes to it.</p> <p>6 Q. And if the evidence to Burke is</p> <p>7 not conclusive, to you, you're</p> <p>8 interpreting that as there's no</p> <p>9 association and talc is safe?</p> <p>10 A. Until there's an proven</p> <p>11 association, yes, it is my interpretation</p> <p>12 that talc is safe.</p> <p>13 Q. So with a cosmetic, is it your</p> <p>14 opinion that it's assumed safe until</p> <p>15 proven otherwise?</p> <p>16 A. If there is a body of literature</p> <p>17 around the area that's already been</p> <p>18 examined and someone takes that body of</p> <p>19 literature and then says, after looking at</p> <p>20 all this literature, "I don't find</p> <p>21 conclusive evidence that this causes</p> <p>22 ovarian cancer," I interpret that as them</p> <p>23 saying as of today in 2024, this is safe.</p> <p>24 That based on 40 years of literature, this</p> <p>25 is not a proven risk factor for ovarian</p>	<p style="text-align: right;">Page 80</p> <p>1</p> <p>2 MS. DAVIDSON: I'm sorry, was</p> <p>3 that a question?</p> <p>4 MS. THOMPSON: Yeah.</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. Why did you put Burke on your</p> <p>7 additional reliance list?</p> <p>8 A. I think it's an important paper.</p> <p>9 It's a statement that was -- I think it's</p> <p>10 an important piece of literature and that</p> <p>11 it is, you know, an assessment of the</p> <p>12 totality of the literature on the topic.</p> <p>13 Q. All right. We'll mark Burke and</p> <p>14 just read what Burke says about talc.</p> <p>15 If you'll turn to page 183. And</p> <p>16 the statement is: Our review found</p> <p>17 heterogeneity in the studies --</p> <p>18 A. I'm not sure where we are.</p> <p>19 Q. Page 183.</p> <p>20 A. Can you tell me what side?</p> <p>21 Q. The last paragraph -- the first</p> <p>22 paragraph, last sentence before</p> <p>23 "hormonal."</p> <p>24 (Reading) Our review found</p> <p>25 heterogeneity in the studies on the use of</p>
<p style="text-align: right;">Page 79</p> <p>1</p> <p>2 cancer.</p> <p>3 Q. So 40 years of literature that's</p> <p>4 inconclusive, in your mind, means talc is</p> <p>5 safe?</p> <p>6 A. No. I think that for them to</p> <p>7 say that they're not including this is</p> <p>8 more than just saying -- and thank you for</p> <p>9 clarifying because it's actually a</p> <p>10 stronger statement than just saying it's</p> <p>11 inconclusive. They're saying that it is</p> <p>12 not a risk factor, established risk factor</p> <p>13 for ovarian cancer.</p> <p>14 MS. THOMPSON: Okay. Let's</p> <p>15 mark --</p> <p>16 A. Because there's no evidence to</p> <p>17 do that.</p> <p>18 MS. THOMPSON: Let's mark Burke</p> <p>19 and just see what Burke says.</p> <p>20 (Holcomb Exhibit 8, Burke</p> <p>21 article - 2023, was marked for</p> <p>22 identification, as of this date.)</p> <p>23 BY MS. THOMPSON:</p> <p>24 Q. Why did you put Burke on your</p> <p>25 additional reliance list?</p>	<p style="text-align: right;">Page 81</p> <p>1</p> <p>2 talcum powder and ovarian cancer risk.</p> <p>3 And there's a parentheses with</p> <p>4 Appendix 3.</p> <p>5 A. Right.</p> <p>6 Q. Is that the statement you're</p> <p>7 referring to that Burke concludes that</p> <p>8 talc is safe because of the 40 years of</p> <p>9 evidence?</p> <p>10 A. No. It's when you go into that</p> <p>11 appendix.</p> <p>12 Q. Did you look in the appendix?</p> <p>13 A. Yes.</p> <p>14 Q. Is there anything about talc in</p> <p>15 the appendix?</p> <p>16 A. Yes.</p> <p>17 Q. You'll have to show that to me,</p> <p>18 because there is not --</p> <p>19 A. Yeah, I want --</p> <p>20 Q. -- with the copy that I pulled.</p> <p>21 A. Do you have a copy of the</p> <p>22 appendix?</p> <p>23 Q. I'm not sure, but I -- I don't.</p> <p>24 MS. O'DELL: We'll look for the</p> <p>25 appendix.</p>

<p style="text-align: right;">Page 82</p> <p>1</p> <p>2 THE WITNESS: Please do.</p> <p>3 MS. THOMPSON: And you can give</p> <p>4 me the appendix when Jessica questions</p> <p>5 you since that was on the additional</p> <p>6 reliance.</p> <p>7 MS. DAVIDSON: I'm not planning</p> <p>8 to question him. I want him to get on</p> <p>9 his boat.</p> <p>10 MS. THOMPSON: Okay. Well, I</p> <p>11 will represent with the appendix that</p> <p>12 were included with the article, there</p> <p>13 was no mention of talc in the</p> <p>14 appendices. And I could be proven</p> <p>15 wrong.</p> <p>16 A. So you think that after the</p> <p>17 statement about talc they say see the</p> <p>18 appendix and you say the appendix has</p> <p>19 nothing to do with talc?</p> <p>20 Q. It does not. It may have things</p> <p>21 to do with the rest of the paragraph, but</p> <p>22 not about talc. And that's the only</p> <p>23 mention of talc in the Burke article.</p> <p>24 A. Okay.</p> <p>25 THE WITNESS: She's completely</p>	<p style="text-align: right;">Page 84</p> <p>1</p> <p>2 ovarian cancer on a commercial about a</p> <p>3 lawsuit. That is the summary of my</p> <p>4 feeling on the topic.</p> <p>5 I think that this woman, after</p> <p>6 being in the hands of people who tried to</p> <p>7 save her life, and apparently did so</p> <p>8 successfully, no one mentioned to her</p> <p>9 about talc and so she heard about a legal</p> <p>10 case.</p> <p>11 MS. THOMPSON: I'll object to</p> <p>12 that entire answer as being</p> <p>13 non-responsive.</p> <p>14 Q. Please try to listen to the</p> <p>15 question and answer it. We are going to</p> <p>16 talk about Ms. Gallardo, and I want you to</p> <p>17 answer the questions about Ms. Gallardo</p> <p>18 too, but that's the purpose of today, for</p> <p>19 me to ask questions and for you to answer</p> <p>20 the question.</p> <p>21 Okay?</p> <p>22 A. You asked me about how I see the</p> <p>23 relationship between litigation and talc,</p> <p>24 and I used Ms. Gallardo as an example, and</p> <p>25 you're telling me that I shouldn't do</p>
<p style="text-align: right;">Page 83</p> <p>1</p> <p>2 wrong about that.</p> <p>3 BY MS. THOMPSON:</p> <p>4 Q. You say this question about talc</p> <p>5 and its relationship to ovarian cancer is</p> <p>6 about product liability and not patient</p> <p>7 safety.</p> <p>8 Is that your opinion?</p> <p>9 A. No.</p> <p>10 Q. I think those are your exact</p> <p>11 words in your report.</p> <p>12 So it's not about product</p> <p>13 liability?</p> <p>14 A. I don't impugn the integrity of</p> <p>15 the doctors who have examined the</p> <p>16 association of talc and ovarian cancer.</p> <p>17 What I'm saying is that -- I</p> <p>18 mean, if we're going to get into Ms.</p> <p>19 Gallardo's story later, but I just want</p> <p>20 to, if I may, what I'm saying is that</p> <p>21 after receiving excellent medical care in</p> <p>22 the hands of Dr. Mutch, a leader in GYN</p> <p>23 oncology, no one told this woman to stop</p> <p>24 using talcum powder. She found out about</p> <p>25 the association between talcum powder and</p>	<p style="text-align: right;">Page 85</p> <p>1</p> <p>2 that.</p> <p>3 Q. No, I asked you do you state in</p> <p>4 your report that this litigation is about</p> <p>5 product liability.</p> <p>6 A. This litigation is about product</p> <p>7 liability? Isn't this litigation about</p> <p>8 product liability?</p> <p>9 Q. Is the science about product</p> <p>10 liability?</p> <p>11 A. Can you show me where I say</p> <p>12 that?</p> <p>13 Q. (Reading) Much of the debate on</p> <p>14 the role of genital talc use in the</p> <p>15 carcinogenesis of ovarian cancer remains</p> <p>16 in the realm of product liability.</p> <p>17 A. Much of the debate remains in</p> <p>18 this realm. I would say there's more</p> <p>19 being discussed about talc and ovarian</p> <p>20 cancer in the realm of litigation than</p> <p>21 there is in the realm of science and</p> <p>22 training and taking care of patients.</p> <p>23 Q. When was the first lawsuit filed</p> <p>24 for ovarian cancer and talc use?</p> <p>25 A. I don't know.</p>

<p style="text-align: right;">Page 86</p> <p>1</p> <p>2 Q. 2014, would that sound right to</p> <p>3 you?</p> <p>4 MS. DAVIDSON: Objection. He</p> <p>5 just said he doesn't know.</p> <p>6 A. I don't -- I don't know.</p> <p>7 Q. Okay. I'll give you a</p> <p>8 hypothetical that it was 2014.</p> <p>9 You would agree with me that</p> <p>10 there was literature and studies prior to</p> <p>11 2014 beginning in the 1960s and '70s,</p> <p>12 right?</p> <p>13 MS. DAVIDSON: Objection.</p> <p>14 A. Now that you mention 2014, you</p> <p>15 have perked my memory, and I do remember</p> <p>16 reading the Schildkraut paper that they</p> <p>17 show that 2014 was an important point.</p> <p>18 That there were more cases associated with</p> <p>19 talc use after 2014 than before, which I</p> <p>20 think, sort of, proves my point that the</p> <p>21 litigation has impacted this whole</p> <p>22 discussion about talc.</p> <p>23 But the statement that there's</p> <p>24 more activity in the realm of litigation</p> <p>25 than there is in the realm of training and</p>	<p style="text-align: right;">Page 88</p> <p>1</p> <p>2 plenty of studies before 2014 regarding</p> <p>3 talc and ovarian cancer?</p> <p>4 A. Yes.</p> <p>5 Q. Whose responsibility is it to</p> <p>6 ensure that a cosmetic product is safe?</p> <p>7 MS. DAVIDSON: Objection.</p> <p>8 I don't really -- he's a GYN</p> <p>9 oncologist. He's here to testify.</p> <p>10 That's outside the scope.</p> <p>11 I'm actually going to tell him</p> <p>12 not to answer that.</p> <p>13 MS. THOMPSON: Well, he says</p> <p>14 there's no public program dedicated to</p> <p>15 the eradication of genital talc use.</p> <p>16 BY MS. THOMPSON:</p> <p>17 Q. Are public health programs</p> <p>18 responsible for --</p> <p>19 MS. DAVIDSON: That's just</p> <p>20 outside the scope of his knowledge or</p> <p>21 experience.</p> <p>22 MS. O'DELL: She wasn't finished</p> <p>23 with her question.</p> <p>24 MS. DAVIDSON: Yeah, but I</p> <p>25 wasn't finished with my objection.</p>
<p style="text-align: right;">Page 87</p> <p>1</p> <p>2 taking care of women with ovarian cancer,</p> <p>3 I stand by that statement.</p> <p>4 Q. And you do know that Schildkraut</p> <p>5 found that a statistically significant</p> <p>6 increased risk before and after 2014,</p> <p>7 correct?</p> <p>8 MS. DAVIDSON: This is literally</p> <p>9 Leigh was very --</p> <p>10 MS. THOMPSON: He brought it up,</p> <p>11 not me.</p> <p>12 MS. DAVIDSON: It doesn't</p> <p>13 matter. This is what Leigh was very</p> <p>14 careful to say that we could not ask</p> <p>15 questions about studies before.</p> <p>16 Also, I know you asked a</p> <p>17 hypothetical about whether the</p> <p>18 litigation started before 2014, but</p> <p>19 there were talc cases before 2014. So</p> <p>20 I don't think it's fair to ask</p> <p>21 hypotheticals to a witness, who's not</p> <p>22 a lawyer, about litigation that are</p> <p>23 false.</p> <p>24 BY MS. THOMPSON:</p> <p>25 Q. You agree with me there were</p>	<p style="text-align: right;">Page 89</p> <p>1</p> <p>2 MS. O'DELL: I think you were.</p> <p>3 MS. THOMPSON: I believe you</p> <p>4 interrupted me, Jessica.</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. You state in your report: There</p> <p>7 is no public health program dedicated to</p> <p>8 the eradication of genital talc use.</p> <p>9 Are public health programs</p> <p>10 responsible for ensuring safety of a</p> <p>11 cosmetic product?</p> <p>12 A. Public health programs aren't</p> <p>13 responsible. Public health programs are</p> <p>14 in response to -- into improving the</p> <p>15 health of the public. And when there are</p> <p>16 recognized threats to public health, there</p> <p>17 are often in response to that public</p> <p>18 health programs.</p> <p>19 And I guess since you're</p> <p>20 bringing up my statement there, what I was</p> <p>21 saying was that when cigarette smoking is</p> <p>22 identified as a risk for lung cancer,</p> <p>23 there are efforts to make Americans stop</p> <p>24 smoking. When obesity is recognized as a</p> <p>25 risk factor for cancers, there's public</p>

<p style="text-align: right;">Page 90</p> <p>1</p> <p>2 health efforts to decrease obesity.</p> <p>3 I'm not aware of any public</p> <p>4 health programs dedicated to the</p> <p>5 eradication of talc use.</p> <p>6 MS. THOMPSON: That was all</p> <p>7 non-responsive to my question.</p> <p>8 Q. Who is responsible for the</p> <p>9 safety of a cosmetic product, or you don't</p> <p>10 know?</p> <p>11 A. I was instructed not to answer</p> <p>12 that question.</p> <p>13 Q. I don't believe so. I believe</p> <p>14 there's an objection, but you can still</p> <p>15 answer.</p> <p>16 MS. DAVIDSON: I mean, I think</p> <p>17 it's outside the scope of the -- of a</p> <p>18 GYN oncologist. He is a doctor. His</p> <p>19 expertise is in treating women with</p> <p>20 cancer. It's not even so much that</p> <p>21 I'm instructing him. It's just that</p> <p>22 it's not within the scope of his</p> <p>23 opinions. I don't even know how he</p> <p>24 could answer that question.</p> <p>25</p>	<p style="text-align: right;">Page 92</p> <p>1</p> <p>2 to your first question, which he</p> <p>3 hasn't even answered yet and now</p> <p>4 you've just asked a second question.</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. Did you answer my question that</p> <p>7 you had? And I'm going to ask you another</p> <p>8 question.</p> <p>9 MS. DAVIDSON: You said the</p> <p>10 answer to your question is simply "I</p> <p>11 don't know, right?" And then I'm</p> <p>12 objecting to that question because</p> <p>13 that's not what he said. He said,</p> <p>14 "That's not within my expertise."</p> <p>15 MS. THOMPSON: He could testify</p> <p>16 for himself, Jessica.</p> <p>17 BY MS. THOMPSON:</p> <p>18 Q. Do you know from a regulatory</p> <p>19 standpoint who is responsible for ensuring</p> <p>20 the safety of a cosmetic product?</p> <p>21 A. That is outside my expertise.</p> <p>22 Q. Okay. So that's very simple, a</p> <p>23 simple answer to the question. Thank you.</p> <p>24 A. You're welcome.</p> <p>25 Q. So you know nothing -- well,</p>
<p style="text-align: right;">Page 91</p> <p>1</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. Can you answer that question?</p> <p>4 A. No, I can't.</p> <p>5 Q. But you're the dean of a medical</p> <p>6 school. You're familiar with regulatory</p> <p>7 agencies, correct?</p> <p>8 MS. DAVIDSON: Objection. This</p> <p>9 is just --</p> <p>10 A. I'm an associate dean of</p> <p>11 admissions, to be clear.</p> <p>12 And no, that is not part of what</p> <p>13 I do on a daily basis. Taking care of</p> <p>14 patients and educating --</p> <p>15 Q. So the answer is just simply "I</p> <p>16 don't know" and that's fine. Correct?</p> <p>17 MS. DAVIDSON: No.</p> <p>18 Q. Who is responsible --</p> <p>19 MS. DAVIDSON: Please do not put</p> <p>20 words -- I'm objecting.</p> <p>21 MS. THOMPSON: Wait.</p> <p>22 MS. DAVIDSON: You asked a</p> <p>23 question. Now you're asking a second</p> <p>24 question. So before you get to your</p> <p>25 second question, I'm going to object</p>	<p style="text-align: right;">Page 93</p> <p>1</p> <p>2 I'll ask it this way.</p> <p>3 Is asbestos allowed in any</p> <p>4 product in the United States?</p> <p>5 A. I'm really not an expert on</p> <p>6 products and what's in the -- that</p> <p>7 question is also outside my expertise.</p> <p>8 Q. And so your answer would be "I</p> <p>9 don't know"?</p> <p>10 A. It's outside my expertise, is my</p> <p>11 answer.</p> <p>12 Q. Doesn't that mean you don't</p> <p>13 know?</p> <p>14 MS. DAVIDSON: Objection.</p> <p>15 You do not have to answer</p> <p>16 questions with Ms. Thompson's words.</p> <p>17 THE WITNESS: I understand.</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. It's out of your expertise</p> <p>20 whether asbestos is allowed in U.S.</p> <p>21 products?</p> <p>22 A. My answer is I wouldn't be -- I</p> <p>23 shouldn't be expected to know. It's</p> <p>24 outside my expertise.</p> <p>25 Q. Is asbestos allowed in cosmetic</p>

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<p>1 2 products? 3 A. It's outside my expertise. 4 Q. Do you know if a cosmetic 5 product is adulterated if it contains 6 asbestos? 7 A. That's outside of my expertise. 8 Q. All right. Let's go to your 9 report, page 3 Summary of Opinions. 10 And I really do want to hone in 11 on your opinions because that's what we're 12 here today about. This is a relatively 13 short paragraph that discusses lots of 14 things, but I want to glean from it your 15 actual opinions. 16 So, when you say, "The best 17 science indicates that genital talc use is 18 not associated with, much less does it 19 cause, an increased risk of ovarian 20 cancer," are you saying that talc use is 21 safe? 22 And before you answer that 23 question, can we just between us stipulate 24 that if I say "talc" we're talking about 25 talcum powder products used in the genital</p>	<p>1 2 that literature does not specify which 3 product. 4 So, you know, that was my 5 hesitation in answering because it's 6 impossible for me to say in most of these 7 studies what products people were using. 8 It was only Perren in 2016 that specified. 9 Q. Fair enough. 10 And you in your report say 11 "talc" and I say "talc," but we're 12 referring to talcum powder products. 13 A. But you just asked me to 14 stipulate that when I say "talc" in my 15 report that I'm only speaking about 16 Johnson & Johnson. 17 Q. Well, in this litigation, 18 Johnson & Johnson is the only talcum 19 powder product that we're addressing, 20 correct? 21 A. Right. But in my report -- 22 MS. DAVIDSON: So, I'm a little 23 bit confused because I think you're 24 making this very complicated, 25 Margaret, because you're saying, "Can</p>
Page 95	Page 97
<p>1 2 area, and in this case those talcum powder 3 products are Johnson & Johnson's Baby 4 Powder and Shower to Shower and we're 5 talking about epithelial ovarian cancer, 6 no other kinds of cancer? Fair enough? 7 A. Yes. 8 MS. DAVIDSON: So when you say 9 "talc" you mean cosmetic talc? 10 MS. THOMPSON: When I say 11 "talc," I mean talcum powder products. 12 MS. DAVIDSON: Cosmetic talcum 13 powder products. 14 MS. THOMPSON: Well, cosmetic 15 talc could be a different word. But 16 the talcum powder products 17 manufactured and sold by Johnson & 18 Johnson. 19 BY MS. THOMPSON: 20 Q. Fair enough? 21 A. Fair enough. 22 Q. You knew what I meant, right? 23 A. I think the -- the -- my opinion 24 on this topic is based on the literature, 25 which we're going to get into, and much of</p>	<p>1 2 we stipulate that when I say talc 3 we're talking about Johnson's baby 4 powder," but I don't know how we can 5 stipulate to that in this deposition 6 because I assume we're talking about 7 the literature, and in the literature 8 we have no idea what women used. So I 9 don't think that stipulation going to 10 work. 11 MS. THOMPSON: All right. So in 12 every instance we'll say "talcum 13 powder products including Johnson's 14 Baby Powder and Shower to Shower used 15 in the genital area and causing 16 epithelial ovarian cancer," okay. 17 That's fine too. 18 There are just lots of 19 references where he just says "talc," 20 and I think it's easier to say he's 21 talking about talcum powder products 22 used genitally than going through all 23 that. 24 And we talk about talc is safe 25 and Johnson & Johnson talks about talc</p>

<p style="text-align: right;">Page 98</p> <p>1</p> <p>2 is safe. I was just trying to shorten</p> <p>3 that process.</p> <p>4 BY MS. THOMPSON:</p> <p>5 Q. But if there's any question, we</p> <p>6 can be more specific about what we're</p> <p>7 talking about. And for sure if we're</p> <p>8 talking about something other than</p> <p>9 Johnson's talcum powder products and used</p> <p>10 genitally and causing ovarian cancer, we</p> <p>11 can specify for sure.</p> <p>12 MS. DAVIDSON: So I don't</p> <p>13 understand what you just said.</p> <p>14 MS. O'DELL: Why don't you just</p> <p>15 ask a question?</p> <p>16 MS. DAVIDSON: I don't</p> <p>17 understand.</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. Dr. Holcomb, do you understand</p> <p>20 what I'm saying?</p> <p>21 MS. DAVIDSON: Excuse me.</p> <p>22 A. Not completely.</p> <p>23 Q. So, when you say "talc is safe,"</p> <p>24 what are you talking about?</p> <p>25 A. I -- can I propose a</p>	<p style="text-align: right;">Page 100</p> <p>1</p> <p>2 the genital area. So I just want to make</p> <p>3 sure when you're saying we're only going</p> <p>4 to talk about dusting of the genital area.</p> <p>5 Q. No, I'm talking about the</p> <p>6 using -- we'll just try to be specific in</p> <p>7 every instance.</p> <p>8 A. Okay.</p> <p>9 Q. So, when you make the statement</p> <p>10 about talc use is not associated, much</p> <p>11 less it causes, you're talking about</p> <p>12 genital talc use and you're talking about</p> <p>13 epithelial ovarian cancer, right?</p> <p>14 A. Yes.</p> <p>15 Q. And based on what you're saying</p> <p>16 this morning, you and I can interpret that</p> <p>17 statement as your opinion that talc is</p> <p>18 safe, right?</p> <p>19 A. Yes.</p> <p>20 Q. And then you go on to say that:</p> <p>21 The plaintiff's experts' hypotheses</p> <p>22 regarding biological plausibility ignore a</p> <p>23 host of contradictory studies.</p> <p>24 Well, it's not just plaintiff's</p> <p>25 experts' hypotheses, is it?</p>
<p style="text-align: right;">Page 99</p> <p>1</p> <p>2 stipulation?</p> <p>3 Q. No.</p> <p>4 A. No, okay.</p> <p>5 What I'm talking about are the</p> <p>6 products that we use in the body of</p> <p>7 literature in the last 40 years.</p> <p>8 So when I say "talc," my opinion</p> <p>9 on this is based on the results of the</p> <p>10 epidemiology. And so that's what I'm</p> <p>11 referring to when I say "talc."</p> <p>12 Q. So we can say talcum powder</p> <p>13 products without specifying Johnson &</p> <p>14 Johnson?</p> <p>15 A. You could.</p> <p>16 Q. Okay.</p> <p>17 And when we "the use of talc,"</p> <p>18 can we say that's the genital use of talc?</p> <p>19 We're not talking about diapering or men</p> <p>20 using talc or anything other than women</p> <p>21 using talc in the genital area, correct?</p> <p>22 A. When you say "genital area,"</p> <p>23 because my report goes through many uses</p> <p>24 of talc, I refer to, you know, diaphragms,</p> <p>25 I refer to condoms, I refer to dusting of</p>	<p style="text-align: right;">Page 101</p> <p>1</p> <p>2 A. My statement was just about the</p> <p>3 plaintiffs.</p> <p>4 Q. Okay.</p> <p>5 A. I'm not sure of other folks. I</p> <p>6 reviewed the plaintiffs' deposition, the</p> <p>7 experts' deposition.</p> <p>8 Q. And you reviewed the literature</p> <p>9 as well?</p> <p>10 A. Yes.</p> <p>11 Q. And you will agree that that is</p> <p>12 provided as a possible biologic mechanism</p> <p>13 in numerous settings, right?</p> <p>14 A. I'm saying -- let me just read</p> <p>15 my statement again.</p> <p>16 Can you point me to where you're</p> <p>17 speaking?</p> <p>18 Q. Top of page 4.</p> <p>19 And what we're doing here is</p> <p>20 just me trying to get your opinions down.</p> <p>21 A. (Witness reads document.)</p> <p>22 No, no, that's -- it's very</p> <p>23 clear what I'm saying. I say their</p> <p>24 hypotheses ignore a host of contradictory</p> <p>25 studies.</p>

<p style="text-align: right;">Page 102</p> <p>1</p> <p>2 You had a question about that</p> <p>3 statement?</p> <p>4 Q. Yeah. I said there are many</p> <p>5 other sources besides just plaintiff</p> <p>6 experts that also provide a biologic</p> <p>7 plausibility statement consistent with the</p> <p>8 plaintiff's experts, right?</p> <p>9 A. If that's the case, then they</p> <p>10 would also be ignoring contradictory</p> <p>11 studies as well. I'm only speaking about</p> <p>12 the plaintiff's.</p> <p>13 Q. Okay.</p> <p>14 And you'll agree with me that</p> <p>15 almost every epidemiological study gives</p> <p>16 the same biologic plausibility argument</p> <p>17 that plaintiff's experts do, wouldn't you?</p> <p>18 A. I'm sorry, repeat the question.</p> <p>19 Q. Doesn't almost every</p> <p>20 epidemiological study mention the</p> <p>21 possibility at least of talc migrating to</p> <p>22 the ovaries and creating inflammation and</p> <p>23 that being a mechanism for the</p> <p>24 carcinogenesis of talc?</p> <p>25 MS. DAVIDSON: Objection.</p>	<p style="text-align: right;">Page 104</p> <p>1</p> <p>2 MS. DAVIDSON: Hey, hey, the</p> <p>3 court reporter and I, I'm speaking on</p> <p>4 your behalf, I hope that's okay, both</p> <p>5 beseech you not to speak over each</p> <p>6 other.</p> <p>7 MS. THOMPSON: We'll do our</p> <p>8 best.</p> <p>9 MS. DAVIDSON: I hope this isn't</p> <p>10 your best.</p> <p>11 BY MS. THOMPSON:</p> <p>12 Q. So my question to you is what,</p> <p>13 first of all, what is your definition of</p> <p>14 "plausibility" that you used in this</p> <p>15 sentence?</p> <p>16 MS. DAVIDSON: Objection.</p> <p>17 A. A biologic plausibility is, to</p> <p>18 me it's just the -- from the statement --</p> <p>19 from the standpoint of, like, a Bradford</p> <p>20 Hill standpoint. It's just you have to</p> <p>21 have an explanation that at least is</p> <p>22 possible.</p> <p>23 Q. Okay.</p> <p>24 And when I looked it up, I came</p> <p>25 up with those same. It's believable.</p>
<p style="text-align: right;">Page 103</p> <p>1</p> <p>2 A. I don't know if everyone does.</p> <p>3 Q. I said many do.</p> <p>4 A. Many do.</p> <p>5 Q. Okay. All right.</p> <p>6 So it's not just the plaintiff's</p> <p>7 experts that came up with that. That's my</p> <p>8 question.</p> <p>9 A. When you say "came up with</p> <p>10 that," what do you mean? 'Cause there's</p> <p>11 theories and there's proven theories.</p> <p>12 So if you're saying -- are you</p> <p>13 saying that there are many people who have</p> <p>14 proven the theory that talc causes</p> <p>15 inflammation that causes ovarian cancer?</p> <p>16 I would disagree with that statement.</p> <p>17 Q. I just said nothing about that.</p> <p>18 A. So maybe I misheard you.</p> <p>19 Q. Okay.</p> <p>20 My question was there are others</p> <p>21 besides plaintiff experts that have that</p> <p>22 hypothesis, correct?</p> <p>23 A. A hypothesis is a theory, yes.</p> <p>24 Q. I am using the word</p> <p>25 "hypothesis."</p>	<p style="text-align: right;">Page 105</p> <p>1</p> <p>2 Would you agree?</p> <p>3 A. No.</p> <p>4 Q. Is that a synonym for plausible</p> <p>5 is believable?</p> <p>6 A. So you can propose a hypothesis</p> <p>7 and then you can study it. If you still</p> <p>8 believe it after you studied it when the</p> <p>9 evidence says that's not the case, then</p> <p>10 that's not plausible anymore. If you</p> <p>11 propose a hypothesis with no data, anybody</p> <p>12 can do that, but once you have studied it</p> <p>13 and you still hold this belief, that's</p> <p>14 where I'm disagreeing. I'm saying that's</p> <p>15 not plausible to me anymore.</p> <p>16 Q. Okay.</p> <p>17 So is it your opinion, and again</p> <p>18 I'm just trying to get your opinions</p> <p>19 clear --</p> <p>20 A. I think they're pretty clear,</p> <p>21 but I want to clarify it.</p> <p>22 Q. Okay.</p> <p>23 So, is your opinion that the</p> <p>24 mechanism by which talc could cause</p> <p>25 ovarian cancer is not plausible?</p>

<p style="text-align: right;">Page 106</p> <p>1</p> <p>2 A. That's -- that's my opinion.</p> <p>3 Q. Okay. That's -- those are just</p> <p>4 what I'm trying to pin down.</p> <p>5 A. Yes.</p> <p>6 Q. Okay. So we don't need you to</p> <p>7 repeat. You gave me what your opinion</p> <p>8 was. Because when you say that</p> <p>9 plaintiff's expert's hypothesis, I want to</p> <p>10 know Dr. Holcomb's opinion.</p> <p>11 A. Well, I want to clarify again.</p> <p>12 Are you saying the hypothesis is</p> <p>13 not plausible? Because any hypothesis is</p> <p>14 plausible. Any question is worth looking</p> <p>15 at.</p> <p>16 I'm saying a belief that the</p> <p>17 literature supports that this is the</p> <p>18 cause, that's what I'm disagreeing with.</p> <p>19 Q. Okay. Let me just repeat, make</p> <p>20 sure I have it.</p> <p>21 Is this your opinion: The</p> <p>22 mechanism by which talcum powder use could</p> <p>23 cause ovarian cancer is not plausible?</p> <p>24 A. You know, I think I should</p> <p>25 clarify because one of the things I'm</p>	<p style="text-align: right;">Page 108</p> <p>1</p> <p>2 plausible and proven.</p> <p>3 The fact that talc could get</p> <p>4 there you can say is plausible and then</p> <p>5 you do studies on it, and I'm saying after</p> <p>6 the study's done, because you want to know</p> <p>7 about my opinions, my opinions are not</p> <p>8 based on theories. They're based on the</p> <p>9 literature that address those theories.</p> <p>10 And I'm saying that there's inconclusive</p> <p>11 evidence in the literature that talc has</p> <p>12 the ability to reach the ovaries. There's</p> <p>13 some studies that have shown in animal</p> <p>14 studies that it can, some studies in</p> <p>15 humans. But in -- under normal situations</p> <p>16 where we're talking about dusting, which</p> <p>17 is the most common use, that talc is able</p> <p>18 to reach the ovaries, I'm not convinced of</p> <p>19 that based on the literature.</p> <p>20 Q. Okay. But I'm asking you not</p> <p>21 that you're convinced, but after reviewing</p> <p>22 the literature, is the mechanism of</p> <p>23 migration of talc particles to the tubes,</p> <p>24 ovaries, and peritoneal cavity plausible?</p> <p>25 A. So again, something is</p>
<p style="text-align: right;">Page 107</p> <p>1</p> <p>2 learning about this whole process is being</p> <p>3 really, really clear about what I'm saying</p> <p>4 here. And you use the term "hypothesis"</p> <p>5 and maybe that's not the most clear thing.</p> <p>6 What I'm really trying to get</p> <p>7 across is that when I read the plaintiff's</p> <p>8 expert's opinions that talc causing</p> <p>9 ovarian cancer by inflammation, I don't</p> <p>10 think that's plausible. I shouldn't have</p> <p>11 used the term "hypothesis" here because</p> <p>12 that's just a theory. Anybody can propose</p> <p>13 a theory.</p> <p>14 I'm saying holding on to that</p> <p>15 theory and believing it after you've done</p> <p>16 the literature and don't have proof of it</p> <p>17 and then saying "I look at this literature</p> <p>18 and say this is proven," that's -- that's</p> <p>19 what I disagree with. And maybe I wasn't</p> <p>20 as clear in my writing there.</p> <p>21 Q. Is it your opinion that</p> <p>22 ascension of talc particles applied to the</p> <p>23 perineum reaching the tubes, ovaries, and</p> <p>24 peritoneum, is that plausible?</p> <p>25 A. I want to go back again to</p>	<p style="text-align: right;">Page 109</p> <p>1</p> <p>2 plausible, by anything is plausible, but</p> <p>3 is there sufficient evidence to suggest</p> <p>4 that that's what happens, I'm saying --</p> <p>5 see, I -- you're asking me questions, but</p> <p>6 I'm trying to be very, very clear about my</p> <p>7 opinions, but I don't think my opinions</p> <p>8 are acceptable to you. So you keep asking</p> <p>9 me in different ways, and I'm saying that</p> <p>10 plausible as a theory, anything is</p> <p>11 plausible. But when you look at the body</p> <p>12 of the literature where my opinions are</p> <p>13 based, there isn't good evidence, there</p> <p>14 isn't strong evidence that this happens.</p> <p>15 And we can -- I'm sure we're</p> <p>16 going to get into the different studies,</p> <p>17 whether we're talking about monkeys or</p> <p>18 rats or women, and we can go through each</p> <p>19 one of those studies, but I'm saying as a</p> <p>20 whole, when you take all of that into</p> <p>21 account, I don't think that there is good</p> <p>22 evidence that talc is able to get from</p> <p>23 someone's perineum to their ovaries.</p> <p>24 Q. Okay. Listen to my question,</p> <p>25 please. I'm not talking about proof. I'm</p>

<p style="text-align: right;">Page 110</p> <p>1 2 not talking about convincing Dr. Holcomb. 3 I'm not talking about studies that say 4 different things. 5 What I'm asking you in your 6 definition of plausible, which you gave me 7 meant possible, is the ability of talc 8 particles to reach, applied to the 9 perineum, the ability to reach the tubes, 10 ovaries, and peritoneum, is that 11 plausible? Is it possible? 12 A. Again, anything is possible. 13 Once it's been studied, you have a 14 difference of opinion. 15 So you're asking me to say can 16 you give me your opinion before you read 17 any studies on this. Because no, that's 18 what you're asking. You're saying is it 19 plausible. And anything is plausible, but 20 what's more important, I thought I was 21 here to give you my opinion based on the 22 literature. Do I think that talc applied 23 to the perineum gets to the ovary, and 24 that's where I'm saying no, I don't have 25 evidence to suggest that's the case. But</p>	<p style="text-align: right;">Page 112</p> <p>1 2 because you're trying to get a statement 3 about what I thought before I read this 4 thing. I went into it with an open mind, 5 and I said it is plausible. And then I 6 read the literature and I said I don't 7 think that's what happens. 8 Q. Okay. Let me clarify then. 9 Every question I ask you today I want to 10 know what your opinion is today after 11 you've read all the literature and 12 considered it carefully. I do not want to 13 hear any opinions that you had before you 14 wrote your report. 15 Is that clear? 16 A. Okay. 17 Q. So let me just -- and I'm not 18 trying to get a certain answer from you. 19 I want what your opinion is. That's 20 what's important to me. 21 A. Yes. 22 Q. Is that clear? 23 A. Yes. 24 Q. So, my question is is it 25 possible, after looking at all the</p>
<p style="text-align: right;">Page 111</p> <p>1 2 you're asking me to say well, how did you 3 feel before you read anything on this 4 topic. Because to be perfectly honest, 5 this is -- I read all this literature in 6 preparation for this. This is not part of 7 normal training for GYN oncology. We've 8 already covered that. 9 So I'm a little confused. 10 You're asking me to answer that question 11 before I -- almost like what was your 12 opinion before you read any of this 13 literature. I read this literature with 14 an open mind. I said it is possible, and 15 then I read the literature and then I left 16 with do you think this is what happened, 17 and I -- and I walked away saying no, I 18 don't see evidence, after all these 19 studies and animal models and human 20 models, to say that this is -- I think 21 this is what's going on, I think that talc 22 is going and ascending. 23 So I hope I'm -- I'm not trying 24 to be evasive, but I think your 25 questioning is a little bit misleading</p>	<p style="text-align: right;">Page 113</p> <p>1 2 literature, for talc applied to the 3 perineum for the particles to reach the 4 tubes, ovaries, and peritoneum? 5 A. Can I -- 6 MS. DAVIDSON: Objection; asked 7 and answered. 8 A. Yeah, it -- I've already 9 answered this. We're sort of going around 10 in circles here because I think, and I do 11 think you want a certain answer, because 12 what you want is that after reviewing the 13 literature, you can say without a doubt 14 this is impossible, this cannot happen, 15 and -- and so because that's when you're 16 saying plausible you're saying possible. 17 That means there is no situation that I 18 would read the literature and come out 19 with the idea that says it is impossible 20 for talc to get to the ovaries. That's 21 what you're asking. And there's no read 22 of literature, you can never have enough 23 literature that should -- would make you 24 be able to make that statement. 25 Q. Okay. Let's try it to a</p>

<p style="text-align: right;">Page 114</p> <p>1</p> <p>2 reasonable degree of medical certainty.</p> <p>3 That's what all your opinions are based</p> <p>4 on, correct?</p> <p>5 A. I'm more comfortable there.</p> <p>6 Q. Okay. We'll make it easier.</p> <p>7 To a reasonable degree of</p> <p>8 medical certainty, is it your opinion that</p> <p>9 particles applied to the perineum do not</p> <p>10 reach the tubes, ovaries, and peritoneum?</p> <p>11 MS. DAVIDSON: Objection; asked</p> <p>12 and answered.</p> <p>13 A. Yes, to a degree of medical</p> <p>14 certainty, yes.</p> <p>15 Q. Okay. And we can, with all your</p> <p>16 answers, assume that you're talking to a</p> <p>17 reasonable degree of medical certainty.</p> <p>18 We're not talking about proof here.</p> <p>19 Okay?</p> <p>20 A. Okay.</p> <p>21 Q. Have there been any studies</p> <p>22 since 2019 that state that talc applied to</p> <p>23 the peritoneum cannot reach the tubes,</p> <p>24 ovaries, and peritoneal cavity that you're</p> <p>25 aware of?</p>	<p style="text-align: right;">Page 116</p> <p>1</p> <p>2 reach the tubes, ovaries, or peritoneal</p> <p>3 cavity ever published?</p> <p>4 A. I know of no study that's ever</p> <p>5 been set up to ever come to that</p> <p>6 conclusion. So it's an impossible</p> <p>7 conclusion for a study to reach.</p> <p>8 Q. Okay.</p> <p>9 Well, let's go to your criticism</p> <p>10 of Dr. Wolf's discussion of migration.</p> <p>11 And you discuss actual migration.</p> <p>12 MS. THOMPSON: This is Dr.</p> <p>13 Wolf's amended report we'll mark as</p> <p>14 Exhibit 9.</p> <p>15 (Holcomb Exhibit 9, Second</p> <p>16 Amended Rule 26 Expert Report of</p> <p>17 Judith Wolf, MD - May 28, 2024, was</p> <p>18 marked for identification, as of this</p> <p>19 date.)</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. You discuss Dr. Wolf's opinions</p> <p>22 on migration on page 19 of your report, if</p> <p>23 you want to go there.</p> <p>24 A. Yes.</p> <p>25 Q. And you state that -- Dr. Wolf</p>
<p style="text-align: right;">Page 115</p> <p>1</p> <p>2 A. You said peritoneum?</p> <p>3 Q. Yes.</p> <p>4 A. You mean perineum. I shouldn't</p> <p>5 tell you what you mean, but --</p> <p>6 Q. No, I said applied to the</p> <p>7 perineum, can we --</p> <p>8 A. You said peritoneum.</p> <p>9 Q. Okay. Just for your</p> <p>10 information, I'm a gynecologist as well.</p> <p>11 A. I know, but it's being recorded,</p> <p>12 so I want it to be accurate.</p> <p>13 Q. I apologize if I said</p> <p>14 peritoneum. I think it would be clear</p> <p>15 that we're talking, and I want to just say</p> <p>16 talc, but we're going to say applied to</p> <p>17 the perineum.</p> <p>18 So, have there been any studies</p> <p>19 since 2019 that talc applied to the</p> <p>20 perineum cannot reach the tubes, ovaries,</p> <p>21 and peritoneal cavity, that you're aware</p> <p>22 of?</p> <p>23 A. No.</p> <p>24 Q. Are you aware of any study that</p> <p>25 says talc applied to the perineum does not</p>	<p style="text-align: right;">Page 117</p> <p>1</p> <p>2 has a complete section on page 13 of her</p> <p>3 report about migration and transport of</p> <p>4 talc through the genital tract, correct?</p> <p>5 A. Can I get to it?</p> <p>6 Q. On page 13.</p> <p>7 A. Okay.</p> <p>8 Q. Is there anything in that</p> <p>9 discussion that you think is inaccurate in</p> <p>10 the description of the studies?</p> <p>11 MS. DAVIDSON: Can you --</p> <p>12 A. You're saying anything in?</p> <p>13 Q. Page 14.</p> <p>14 Have you identified anything in</p> <p>15 Dr. Wolf's discussion that's inaccurate?</p> <p>16 MS. DAVIDSON: Just page 14?</p> <p>17 MS. THOMPSON: Page 13, 14, and</p> <p>18 15 in her discussion on migration and</p> <p>19 transport.</p> <p>20 A. I'd have to read it.</p> <p>21 You want me to read the whole</p> <p>22 thing and I'll get back to you? Or let me</p> <p>23 read it again and I'll answer that</p> <p>24 question for you.</p> <p>25 Q. Sure. I mean, I believe you</p>

<p style="text-align: right;">Page 118</p> <p>1</p> <p>2 read that when you wrote your report.</p> <p>3 A. I don't have a photographic</p> <p>4 memory, so you --</p> <p>5 Q. Yeah, you can look at it.</p> <p>6 A. Okay.</p> <p>7 (Witness reads document.)</p> <p>8 I will change, in the first</p> <p>9 paragraph I already found an issue. It</p> <p>10 says, she's talking about the open system:</p> <p>11 As such, it is universally accepted in the</p> <p>12 gynecologic community that substance</p> <p>13 migrate and/or transported in both</p> <p>14 directions.</p> <p>15 And I would say "can be" only</p> <p>16 because this idea of a open system, yes,</p> <p>17 it is open, almost like plumbing, from the</p> <p>18 perineum -- from the vagina to the</p> <p>19 peritoneal cavity, but there are natural</p> <p>20 barriers. So I would say that it is</p> <p>21 generally accepted that substances can</p> <p>22 migrate or -- not that anything placed in</p> <p>23 the vagina migrates up. Because that's</p> <p>24 what I took it as.</p> <p>25 Q. Anything else?</p>	<p style="text-align: right;">Page 120</p> <p>1</p> <p>2 the inaccuracies, then you can ask</p> <p>3 follow-up questions.</p> <p>4 MS. THOMPSON: No, I'm going to</p> <p>5 ask about the first inaccuracy he</p> <p>6 identified. I can do that.</p> <p>7 MS. DAVIDSON: No, no, wait a</p> <p>8 minute. That wasn't your question.</p> <p>9 Your question was, "Tell me all</p> <p>10 the inaccuracies."</p> <p>11 MS. THOMPSON: I said, "Can you</p> <p>12 identify inaccuracies?"</p> <p>13 Okay. Withdraw it.</p> <p>14 MS. DAVIDSON: He's going to go</p> <p>15 through 13 to 15, identify everything.</p> <p>16 Because otherwise we're going to have</p> <p>17 another interruption fest.</p> <p>18 THE WITNESS: (Witness reads</p> <p>19 document.)</p> <p>20 A. So, her first statement is that</p> <p>21 evidence to support the migration of talc</p> <p>22 particles is -- includes, and she goes</p> <p>23 from one to seven, and I would say that it</p> <p>24 is an open system, so because one thing</p> <p>25 can go through is not proof that all</p>
<p style="text-align: right;">Page 119</p> <p>1</p> <p>2 A. Let me finish. I'm just getting</p> <p>3 started.</p> <p>4 (Witness reads document.)</p> <p>5 Q. And I'm looking for inaccuracies</p> <p>6 on the reporting of the studies.</p> <p>7 A. Yeah, I would agree with the</p> <p>8 first -- this is going to take a while.</p> <p>9 She uses motile sperm as</p> <p>10 evidence to support migration or transport</p> <p>11 of talc particles and fibers, and sperm</p> <p>12 have a flagellum, they have a tail. So</p> <p>13 I'm not sure why you would take that as</p> <p>14 proof. We already know it's an open</p> <p>15 system. So something that has a tail</p> <p>16 that's using energy to move upward as an</p> <p>17 example of the proof that talc could go</p> <p>18 up, I would disagree with that.</p> <p>19 Q. Did you read what she actually</p> <p>20 says? Did she saying about --</p> <p>21 A. She said --</p> <p>22 MS. DAVIDSON: Hold on. You</p> <p>23 asked him a question. You asked him</p> <p>24 to identify the inaccuracies. He</p> <p>25 needs to go through 13 to 15, identify</p>	<p style="text-align: right;">Page 121</p> <p>1</p> <p>2 things can go through. So I don't think</p> <p>3 that supports. This -- these -- 1 to 7</p> <p>4 support that it's an open system, which I</p> <p>5 don't disagree with.</p> <p>6 So the only thing that I think</p> <p>7 she gets into that would support whether</p> <p>8 talc can do it starts at 8. So I just</p> <p>9 want to say that.</p> <p>10 If you want to ask me a question</p> <p>11 about that, I'm going to read 8 then.</p> <p>12 Should I read 8 to tell you what</p> <p>13 I thought?</p> <p>14 Q. Yes. I thought you were</p> <p>15 finished.</p> <p>16 A. No, I just wanted to make sure I</p> <p>17 mentioned 7. They're all interesting</p> <p>18 things, but they don't really talk about</p> <p>19 talc.</p> <p>20 (Witness reads document.)</p> <p>21 Q. And again I'm looking for</p> <p>22 inaccuracies in her reporting, not whether</p> <p>23 you agree or disagree.</p> <p>24 A. Yeah, no, it's an inaccuracy to</p> <p>25 say that these are supporting talc.</p>

<p style="text-align: right;">Page 122</p> <p>1</p> <p>2 Q. Okay.</p> <p>3 MS. DAVIDSON: Guys, I don't</p> <p>4 know how many more times I can ask</p> <p>5 that we have a proper record where you</p> <p>6 let him finish his answers.</p> <p>7 I feel like I'm dealing with</p> <p>8 children here.</p> <p>9 MS. THOMPSON: And that is</p> <p>10 disrespectful, Jessica.</p> <p>11 MS. O'DELL: That's not</p> <p>12 necessary. It's not going to help</p> <p>13 this going forward.</p> <p>14 He's responding to the</p> <p>15 questions. She's going to ask the</p> <p>16 questions. Let's keep it moving.</p> <p>17 THE WITNESS: (Witness reads</p> <p>18 document.)</p> <p>19 A. She makes a statement: The</p> <p>20 migration of particles, including</p> <p>21 constituents of talcum powder products</p> <p>22 from the perineum to the upper genital</p> <p>23 tract, tubes and ovaries is a key element</p> <p>24 in the mechanism by which talcum powder</p> <p>25 products cause ovarian cancer. And then</p>	<p style="text-align: right;">Page 124</p> <p>1</p> <p>2 Q. You would agree with the</p> <p>3 statements you just made are Dr. Wolf's</p> <p>4 opinions, correct?</p> <p>5 A. I was reviewing this to see what</p> <p>6 I disagreed with her opinions, no?</p> <p>7 Q. No. My question was</p> <p>8 inaccuracies in the report of the studies.</p> <p>9 A. Yeah, she's saying there's</p> <p>10 robust evidence in reporting the studies.</p> <p>11 She's not citing any studies. She's</p> <p>12 saying there's robust evidence, and I'm</p> <p>13 saying I disagree with that.</p> <p>14 Q. Well, if she's not reciting a</p> <p>15 study, we're assuming that's Dr. Wolf's</p> <p>16 opinion, okay?</p> <p>17 A. I was assuming that Dr. Wolf's</p> <p>18 opinions are based on literature, like</p> <p>19 mine are. Is that the case?</p> <p>20 Q. Well, the citation on that is</p> <p>21 from the FDA that states: The potential</p> <p>22 for particulates to migrate from the</p> <p>23 perineum and the vagina to the peritoneal</p> <p>24 cavity is indisputable.</p> <p>25 A. Again, just because one thing</p>
<p style="text-align: right;">Page 123</p> <p>1</p> <p>2 she goes on to say: The evidence</p> <p>3 supporting this process is robust. And --</p> <p>4 and I would disagree with that statement.</p> <p>5 And: Universally accepted by</p> <p>6 the medical community. Because is she</p> <p>7 saying both transport is generally</p> <p>8 accepted that it happens and that talc</p> <p>9 causes ovarian cancer, she gives a</p> <p>10 citation which I'm not sure what the</p> <p>11 citation is, but the two statements she</p> <p>12 made before that I don't think that the</p> <p>13 evidence is robust, nor do I think this is</p> <p>14 generally accepted by the medical</p> <p>15 community.</p> <p>16 Q. You would agree with me that</p> <p>17 those are Dr. Wolf's opinions?</p> <p>18 Are you finished with your</p> <p>19 answer?</p> <p>20 A. Yeah.</p> <p>21 Q. Thank you.</p> <p>22 MS. DAVIDSON: You're finished?</p> <p>23 You're done with the whole --</p> <p>24 A. Well, I think you want to stop</p> <p>25 at migration, right?</p>	<p style="text-align: right;">Page 125</p> <p>1</p> <p>2 can make it through does not mean that</p> <p>3 talc does.</p> <p>4 Q. Okay. I want to go to your</p> <p>5 report on page 26, and you say: The</p> <p>6 reliance on studies showing migration</p> <p>7 of --</p> <p>8 A. I've got to go back to 6.</p> <p>9 Q. Okay. 26 of your report.</p> <p>10 A. 26, all right.</p> <p>11 Q. Middle paragraph: Reliance on</p> <p>12 studies showing migration of motile sperm</p> <p>13 and bacteria is misplaced because the</p> <p>14 movement of these substances is obviously</p> <p>15 and starkly different from any purported</p> <p>16 mobility of talc.</p> <p>17 Does Dr. Wolf or any of the</p> <p>18 plaintiff experts say that, state that</p> <p>19 migration of motile sperm and bacteria is</p> <p>20 evidence for migration of talc particles?</p> <p>21 A. Yes.</p> <p>22 Q. Where?</p> <p>23 A. Dr. Wolf mentions that sperm is</p> <p>24 a example. She goes on to mention about</p> <p>25 that sperm and -- but she -- yes, so if</p>

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<p>1 2 your question is does she mention that 3 sperm, alive motile sperm being able to 4 ascend is evidence, yes, that is the first 5 statement she makes. 6 Q. Well, let's read her sentence: 7 Sperm move more quickly through the 8 genital tract than would be predicted from 9 innate motility indicating a transport 10 mechanism. 11 Is that what she says? 12 A. Yes. 13 Q. All right. That's different 14 from saying that because motile sperm can 15 get to the ovaries, talc particles can, 16 isn't it? 17 A. That is. 18 Q. Okay. 19 And when she discusses dead 20 sperm, dead sperm don't have a motile 21 flagellae, do they? 22 A. No. 23 Q. And talc particle -- sorry, 24 sperm particles like a sperm head without 25 a tail, that doesn't have innate motility,</p>	<p>1 2 to even say that, being able to reach is 3 evidence that talc can reach. 4 Q. Yes. And she -- 5 A. And I disagree with that. 6 Q. You can disagree. That's Dr. 7 Wolf's opinion, and I'm not trying to get 8 you to agree with Dr. Wolf. 9 A. I just want to clarify. 10 Q. I just want to make sure what 11 you say in your report is accurate. 12 And does Dr. Wolf mention 13 anything at all about bacteria? 14 A. I'd have to go back to that. 15 Q. In the what you just read, is 16 there any mention of bacteria? 17 A. I don't remember seeing that. 18 Can you remind me of the page 19 number? 20 MS. O'DELL: 14. 21 THE WITNESS: Thank you. 22 (Witness reads document.) 23 A. No, I don't see it. 24 Q. So what we've been trying to do 25 is hone in on your opinions, and let me</p>
Page 127	Page 129
<p>1 2 does it? 3 A. No. In general, any proof that 4 sperm can get to the tubes and ovaries, 5 which we all know it does or we would die 6 out as a people, does not prove that talc 7 does. 8 But if your point is that her 9 argument is based on dead sperm, motile 10 sperm and this and this, you're right. 11 And my report just said motile sperm. 12 Q. Okay, but -- 13 A. But sperm in general, dead, 14 alive, blind, can see, them being able to 15 ascend is not proof that talc is able to. 16 And I don't take that as support that talc 17 does. 18 Q. Okay. 19 A. I think that should be limited 20 to the literature on talc in specific. 21 Q. But you agree that that's not 22 what Dr. Wolf is stating? 23 A. No, she's stating that sperm 24 being able to reach, and in particular 25 dead sperm or immobile sperm if you'd like</p>	<p>1 2 know if these are correct. 3 Talc is safe to use on the 4 perineum. 5 A. Yes. 6 Q. It does not cause ovarian 7 cancer. 8 A. Yes. 9 Q. After your review of the medical 10 literature, to a reasonable degree of 11 medical certainty, you do not think that 12 particles applied to the perineum reach 13 the tubes, ovaries, and peritoneal cavity. 14 A. I don't believe talc does. 15 Q. Talc particles, correct. 16 Or asbestos. 17 A. I don't believe I made a 18 statement on asbestos. 19 Q. Okay. Let me ask you about 20 asbestos. 21 A. I don't remember reading any 22 literature on asbestos transport. 23 Q. Do you have an opinion about 24 whether asbestos can reach the ovaries? 25 A. Again, my opinion's all based on</p>

<p style="text-align: right;">Page 130</p> <p>1</p> <p>2 literature I've read. So I don't have an</p> <p>3 opinion outside of literature.</p> <p>4 Q. Have you seen literature that</p> <p>5 indicates that asbestos fibers can reach</p> <p>6 ovaries?</p> <p>7 A. I haven't.</p> <p>8 Q. You haven't looked at articles</p> <p>9 that have demonstrated talc in tissue of</p> <p>10 ovaries -- I'm sorry, asbestos in the</p> <p>11 tissue of ovaries?</p> <p>12 A. No, I haven't --</p> <p>13 Q. Or lymph nodes?</p> <p>14 A. My opinion is based on the</p> <p>15 literature of talc products, including</p> <p>16 Johnson & Johnson as we said earlier.</p> <p>17 Q. So you would have no opinion as</p> <p>18 to whether asbestos fibers or particles</p> <p>19 can reach the ovaries without seeing the</p> <p>20 literature?</p> <p>21 A. No.</p> <p>22 Q. Okay.</p> <p>23 And is it also your opinion that</p> <p>24 the mechanism of a chronic inflammatory</p> <p>25 response in the ovaries leading to the</p>	<p style="text-align: right;">Page 132</p> <p>1</p> <p>2 chronic inflammation in the same category</p> <p>3 as migration, that after your review, it's</p> <p>4 not plausible, to a reasonable degree of</p> <p>5 medical certainty?</p> <p>6 A. I would say it's unproven.</p> <p>7 It's -- the -- the literature I've looked</p> <p>8 at has not shown the ability of talc to</p> <p>9 cause chronic inflammation and that</p> <p>10 chronic inflammation to cause</p> <p>11 carcinogenesis.</p> <p>12 Q. Does it have to be proven to be</p> <p>13 plausible?</p> <p>14 A. I think you have to have some</p> <p>15 evidence.</p> <p>16 No. When you say proven meaning</p> <p>17 do you have to have a study that showed</p> <p>18 malignant transformation, that would be --</p> <p>19 that would be, you know, the best. That</p> <p>20 would be the strongest evidence. But if</p> <p>21 you're saying that, you know, talcum</p> <p>22 powder increases CA-125 levels and this is</p> <p>23 evidence that it causes cancer or things</p> <p>24 that I've seen in some of the studies</p> <p>25 offered as proof, I don't think that's</p>
<p style="text-align: right;">Page 131</p> <p>1</p> <p>2 development of cancer is not, to a</p> <p>3 reasonable degree of medical certainty,</p> <p>4 possible?</p> <p>5 MS. DAVIDSON: Objection.</p> <p>6 A. I want to clarify --</p> <p>7 MS. DAVIDSON: Asked and</p> <p>8 answered and confusing.</p> <p>9 BY MS. THOMPSON:</p> <p>10 Q. Okay. State it in your own</p> <p>11 words.</p> <p>12 I'd rather have your opinion in</p> <p>13 your own words anyway.</p> <p>14 A. I don't believe that the theory</p> <p>15 of chronic inflammation, to the degree</p> <p>16 that it's been studied, supports the</p> <p>17 concept that, I'm not convinced, I have</p> <p>18 not seen any studies showing that chronic</p> <p>19 inflammation from talc, if it exists, is</p> <p>20 genotoxic, causes mutations, causes</p> <p>21 malignant transformation. I don't have</p> <p>22 that opinion, no.</p> <p>23 Q. Is asbestos genotoxic?</p> <p>24 A. Actually, I don't know.</p> <p>25 Q. And would you put that theory of</p>	<p style="text-align: right;">Page 133</p> <p>1</p> <p>2 plausible. I don't think that that's a --</p> <p>3 an understanding of what you've shown in</p> <p>4 that study.</p> <p>5 Q. Can you point -- if you'd look</p> <p>6 at your materials relied upon, can you</p> <p>7 point me to any article that gives those</p> <p>8 same opinions that you've given me today?</p> <p>9 One article.</p> <p>10 A. That says what?</p> <p>11 Q. That says talc is safe, that</p> <p>12 talc particles more likely than not do not</p> <p>13 reach the tubes, ovaries, and peritoneal</p> <p>14 cavity, and the theory of chronic</p> <p>15 inflammation is -- there's not enough</p> <p>16 evidence for you to accept that as a</p> <p>17 theory.</p> <p>18 MS. DAVIDSON: Objection.</p> <p>19 A. Again, my opinion is based on</p> <p>20 the totality of the -- you're asking me to</p> <p>21 cherry-pick. I've spent hours reviewing</p> <p>22 this totality of the evidence, and you're</p> <p>23 asking me is there any single paper that</p> <p>24 says this or says that. That's not what</p> <p>25 my opinions are based on.</p>

<p style="text-align: right;">Page 134</p> <p>1</p> <p>2 My opinions are based on the</p> <p>3 totality. I'm looking at all of these</p> <p>4 topics. So in migration, there's, you</p> <p>5 know, there's at least ten studies that</p> <p>6 I've looked at in animals and humans, and</p> <p>7 this is what -- what is basing my opinion.</p> <p>8 And if it was so easy that there was a</p> <p>9 single study that I could point to and say</p> <p>10 this is the one study that definitively</p> <p>11 says this can or cannot happen, it would</p> <p>12 take a lot less time to prepare for</p> <p>13 something like this.</p> <p>14 Q. I understand. There are a</p> <p>15 hundred studies.</p> <p>16 A. But you keep asking me for a</p> <p>17 singular thing. Point to a study is just</p> <p>18 what you just asked me to do.</p> <p>19 Q. Let me finish my question.</p> <p>20 A. Yes.</p> <p>21 Q. There are a hundred studies.</p> <p>22 I'm asking is there one of them that you</p> <p>23 read and said, "This states my opinions"?</p> <p>24 A. How is that different from what</p> <p>25 I just said?</p>	<p style="text-align: right;">Page 136</p> <p>1</p> <p>2 question, or any of these complex</p> <p>3 questions. And we don't change practice,</p> <p>4 we don't change our beliefs on a single</p> <p>5 study. And if you do that, you're a bad</p> <p>6 doctor. If you change -- if you read one</p> <p>7 study and you said, I believe this first</p> <p>8 and I read one study and now I believe</p> <p>9 that, you change your opinions too</p> <p>10 quickly. You need to read the whole body</p> <p>11 of literature.</p> <p>12 And so, I cannot point to a</p> <p>13 single thing on my reliance list and say</p> <p>14 that is the thing that I relied solely on.</p> <p>15 Q. Is there anything on your</p> <p>16 reliance list -- let's break it down.</p> <p>17 Is there anything on your</p> <p>18 reliance list that says talc is safe,</p> <p>19 affirmative statement "talc is safe"?</p> <p>20 A. You know, I -- I feel like we've</p> <p>21 been down this road before.</p> <p>22 I don't know how to make it more</p> <p>23 clear of my feelings about it.</p> <p>24 If a -- if a paper, even a</p> <p>25 position paper where they've looked at,</p>
<p style="text-align: right;">Page 135</p> <p>1</p> <p>2 I just said that after the</p> <p>3 totality of looking at this literature,</p> <p>4 you're asking me to point to the</p> <p>5 material -- the reliance list and point to</p> <p>6 a single study that says a certain thing.</p> <p>7 And then when I say that's impossible, you</p> <p>8 turn around and ask me to do it again.</p> <p>9 Q. Okay. Let me just make sure my</p> <p>10 question is clear.</p> <p>11 Is there a study that you could</p> <p>12 point to out of the hundred that would,</p> <p>13 whether it's a review article, a study,</p> <p>14 anything, that would provide the opinions</p> <p>15 that you've given me this morning? I'm</p> <p>16 not asking you for only one. If there are</p> <p>17 15, show me the 15.</p> <p>18 I'm just asking you out of those</p> <p>19 hundred, is there a study that you said, I</p> <p>20 read that and this is just exactly what I</p> <p>21 believe? And if there's not, that's fine</p> <p>22 to say, "I don't remember one or" --</p> <p>23 A. It's not that I don't remember</p> <p>24 one. It's that you're asking for a single</p> <p>25 study that could answer this complex</p>	<p style="text-align: right;">Page 137</p> <p>1</p> <p>2 and I know you say Burke doesn't do this,</p> <p>3 but you're going to check that appendix</p> <p>4 and you're going to see that they do.</p> <p>5 Q. I believe you're going to check</p> <p>6 the appendix.</p> <p>7 A. And you'll see because I just</p> <p>8 looked at it. And they come to the</p> <p>9 conclusion that talc is not a risk factor</p> <p>10 for ovarian cancer. And you say to me</p> <p>11 does that mean it's safe, and I answered</p> <p>12 yes, in my interpretation that means it's</p> <p>13 safe. That's going to be the case at</p> <p>14 9 a.m.; it's going to be the case at</p> <p>15 9:30 a.m.; it's going to be the case at</p> <p>16 10:30 a.m. No matter how many times you</p> <p>17 ask me, it's the case because it's what I</p> <p>18 believe. I'm not going to change that</p> <p>19 answer.</p> <p>20 Q. I do not want you to change any</p> <p>21 answers.</p> <p>22 A. Then why do you keep asking me?</p> <p>23 Q. I just want you to answer my</p> <p>24 questions instead of going off on</p> <p>25 tangents.</p>

<p style="text-align: right;">Page 138</p> <p>1</p> <p>2 But let's move on. Let's go to</p> <p>3 your report page 8 where you have the</p> <p>4 pyramid of evidence.</p> <p>5 And I notice from your footnote</p> <p>6 that you visited this on May 13, 2024 in</p> <p>7 preparation of your report, correct?</p> <p>8 A. That's correct.</p> <p>9 Q. And this pyramid that you</p> <p>10 included is from the Center For</p> <p>11 Evidence-Based Management, correct?</p> <p>12 A. Yes.</p> <p>13 MS. DAVIDSON: Wait, was this</p> <p>14 pyramid in his original report?</p> <p>15 MS. THOMPSON: He updated it.</p> <p>16 MS. DAVIDSON: What do you mean</p> <p>17 by "he updated it"?</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. And you say --</p> <p>20 MS. O'DELL: He put a new one</p> <p>21 in.</p> <p>22 MS. DAVIDSON: It's a different</p> <p>23 pyramid?</p> <p>24 THE WITNESS: No, it's the same.</p> <p>25 MS. THOMPSON: But he updated</p>	<p style="text-align: right;">Page 140</p> <p>1</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. Did you go to the website to --</p> <p>4 MS. DAVIDSON: Hold on. Hold</p> <p>5 on. Hold on.</p> <p>6 MS. THOMPSON: He accessed the</p> <p>7 website.</p> <p>8 MS. DAVIDSON: So what? That's</p> <p>9 absurd.</p> <p>10 MS. O'DELL: Hang on.</p> <p>11 MS. DAVIDSON: No, no, no.</p> <p>12 Leigh, you did not let your witnesses</p> <p>13 answer questions about stuff that was</p> <p>14 there before.</p> <p>15 MS. O'DELL: Just let me --</p> <p>16 MS. DAVIDSON: No, let's look</p> <p>17 and see if this changed. I'm looking</p> <p>18 to see if this changed.</p> <p>19 So this is it? It's the same</p> <p>20 thing?</p> <p>21 What changed? I'm trying to see</p> <p>22 what changed.</p> <p>23 All that changed was the date.</p> <p>24 BY MS. THOMPSON:</p> <p>25 Q. You visited the Center For</p>
<p style="text-align: right;">Page 139</p> <p>1</p> <p>2 the footnote on it. So I'm allowed to</p> <p>3 ask him about why he did that.</p> <p>4 MS. DAVIDSON: Why he changed</p> <p>5 the footnote?</p> <p>6 BY MS. THOMPSON:</p> <p>7 Q. Doctor --</p> <p>8 MS. DAVIDSON: Is that your</p> <p>9 question, why he changed the footnote?</p> <p>10 MS. THOMPSON: I'm asking the</p> <p>11 questions, Jessica.</p> <p>12 MS. DAVIDSON: No, Margaret.</p> <p>13 I'm sorry, Leigh was really, really</p> <p>14 very conservative about what could be</p> <p>15 asked. And if all that changed was</p> <p>16 the footnote because the reference was</p> <p>17 clarified, you cannot ask about this</p> <p>18 hierarchy of evidence, no.</p> <p>19 And yes, I am going to tell him</p> <p>20 not to answer. If all that was</p> <p>21 changed was footnote to clarify where</p> <p>22 this came from.</p> <p>23 Is that the only change? Let's</p> <p>24 look at the redline.</p> <p>25</p>	<p style="text-align: right;">Page 141</p> <p>1</p> <p>2 Evidence-Based Management on May 13, 2024,</p> <p>3 correct?</p> <p>4 MS. DAVIDSON: Wait a minute.</p> <p>5 Wait a minute. Wait a minute.</p> <p>6 No, no, no, no. He is not being</p> <p>7 questioned on this. Absolutely not.</p> <p>8 MS. THOMPSON: You're going to</p> <p>9 instruct him not to answer what he</p> <p>10 found on the website that he accessed</p> <p>11 May 13th, 2024 on the Center For</p> <p>12 Evidence-Based Management?</p> <p>13 MS. DAVIDSON: So, this is a</p> <p>14 site-checking fix to a footnote</p> <p>15 because it was updated to make sure</p> <p>16 this was still on the website. That</p> <p>17 is a site-checking fix.</p> <p>18 MS. O'DELL: He can testify to</p> <p>19 that if that's what it was.</p> <p>20 MS. DAVIDSON: There is</p> <p>21 absolutely no basis to be questioning</p> <p>22 him.</p> <p>23 MS. O'DELL: You can't testify.</p> <p>24 MS. DAVIDSON: I am not</p> <p>25 testifying, Leigh, but you were so</p>

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<p>1 2 dogged about, and I can pull up your 3 long paragraphs that said, no, no, no. 4 You're going to let me finish 5 because I let you finish when you went 6 on about this for paragraphs where you 7 said you had ample opportunity in 2019 8 to question Dr. Clarke-Pearson on this 9 topic. 10 And I'm not going to let you 11 question him about it again. You were 12 so dogged about it. 13 And he is not answering 14 questions about this, period. 15 MS. O'DELL: Listen, the 16 objections I made were based on 17 previously published articles that 18 were not updated in any way. And if 19 he's got a new citation in there -- 20 MS. DAVIDSON: It is not a new 21 citation. It is a site check fix 22 because -- 23 MS. O'DELL: She can ask him if 24 he went to the website in 2024. 25 That's not going back, Jessica. That</p>	<p>1 2 MS. THOMPSON: No. 3 MS. DAVIDSON: No, I'd like to 4 go off the record for a moment. 5 MS. O'DELL: No, we're still in 6 this query. 7 MS. THOMPSON: We're in the 8 middle of a question. 9 MS. O'DELL: Exactly. 10 MS. DAVIDSON: Go ahead. I just 11 want to make sure that he gives an 12 accurate response. 13 And I am honestly not sure 14 because Dr. Holcomb wrote his report, 15 but we did have a paralegal site check 16 the footnotes, and I don't know, and I 17 don't know if he knows, whether he put 18 that in there or that was something 19 when I had a paralegal site check the 20 footnotes. That is the one thing that 21 we did have a paralegal site check the 22 footnotes and I don't want to put him 23 in a position where he doesn't know if 24 that was something the paralegal did. 25 So I am just telling you that.</p>
Page 143	Page 145
<p>1 2 is not the same as what my objection 3 was. 4 And we're entitled to inquire 5 anything that he's done since 2019. 6 That's clearly what the rules are. 7 MS. DAVIDSON: Okay. 8 So, Dr. Holcomb -- 9 MS. O'DELL: Let's see this, 10 Jessica. Margaret will confine her 11 questions to what's happened since 12 2019. Those are the rules, we 13 understand that. And let's just see 14 if we can move on. 15 MS. DAVIDSON: Okay. 16 BY MS. THOMPSON: 17 Q. Did you go to the Center For 18 Evidence-Based Management on May 13th, 19 2024? 20 MS. DAVIDSON: So, I'm going 21 to -- no, no, no. I want to make 22 something clear. And I think I am 23 correct about this. 24 Let's go off the record for a 25 moment.</p>	<p>1 2 We had a paralegal when he was done 3 with his report site check the 4 footnotes. So that's why I want to be 5 very frank about that and clear about 6 that. 7 And so, to me the last visited 8 thing strikes me as a Google thing, 9 and that's why I don't think this is a 10 fair question. 11 So I don't know if you checked 12 that or if we had a paralegal check 13 that that was still there. 14 MS. O'DELL: He can answer the 15 question. 16 MS. DAVIDSON: All right. Go 17 ahead. 18 A. Actually, I don't remember the 19 exact date, but I do remember looking back 20 at this website. I just don't remember -- 21 Q. In the preparation of your 22 report? 23 A. Yeah. 24 Q. Did you read what was on the 25 website in addition to just looking at the</p>

<p style="text-align: right;">Page 146</p> <p>1 2 pyramid? 3 A. I -- I did read -- I -- I read 4 it again, yeah. 5 Q. Okay. So I'm going to ask you 6 about what was on that website when you 7 reviewed it in preparation of this report, 8 okay? 9 MS. DAVIDSON: Was that already 10 on the website in 2019? 11 MS. THOMPSON: I don't know. I 12 looked at it currently to see what -- 13 MS. DAVIDSON: Unless it was 14 added to the website, no. Because if 15 an expert re-read Penninkilampi in 16 preparation of his report, you didn't 17 let me ask new questions. 18 MS. O'DELL: But this is a 2024 19 website five years after he originally 20 cited it. 21 MS. DAVIDSON: But that makes no 22 difference. 23 MS. O'DELL: Excuse me, I'm not 24 finished. 25 That's materially from the</p>	<p style="text-align: right;">Page 148</p> <p>1 2 research has been carried out involving 3 issues relevant to management practice. 4 Topics include downsizing, motivating 5 employees, setting goals, encouraging 6 entrepreneurship, managing mergers, using 7 financial incentives, conducting 8 management training, improving 9 performance, and selecting and evaluating 10 employees. 11 Do you remember seeing that -- 12 A. It sounds familiar. 13 Q. -- on that website? 14 A. It sounds familiar. 15 MS. DAVIDSON: Objection. 16 If you want to show him that. 17 MS. THOMPSON: He said it sounds 18 familiar. 19 BY MS. THOMPSON: 20 Q. Would you like to see that just 21 so you can -- 22 A. Is that your only question? 23 Q. Yeah, I just asked if you 24 remembered seeing that. 25 And when you went to the Center</p>
<p style="text-align: right;">Page 147</p> <p>1 2 objections I made when you have a 3 publication that was published in 2018 4 and had not changed at all. 5 So it's a living site, I'm 6 assuming, and he looked at it 7 recently. 8 MS. DAVIDSON: It is the exact 9 same thing. The fact that it's on a 10 website as opposed to in an article, 11 it is exact same thing. 12 BY MS. THOMPSON: 13 Q. Do you remember reading -- 14 MS. DAVIDSON: Excuse me. 15 You could have asked about this 16 in 2019 if this was on the website in 17 2019. Unless this was added to the 18 website since 2019, this is an 19 inappropriate question. 20 BY MS. THOMPSON: 21 Q. Do you remember reading, when 22 you went back to this website, the 23 statement from the Center For 24 Evidence-Based Management: In recent 25 decades a great deal of scientific</p>	<p style="text-align: right;">Page 149</p> <p>1 2 For Evidence-Based Management, CEBMA, did 3 you also search the Center For 4 Evidence-Based Medicine? 5 A. No. 6 Q. Rather than Management. 7 A. No. 8 Q. Why did you choose Management 9 instead of the Center For Evidence-Based 10 Medicine which is at Oxford and 11 world-renowned and respected? 12 MS. DAVIDSON: Objection. 13 A. I don't recall how I got to this 14 specific website. I probably was looking 15 for a graphic on the levels of evidence 16 and Google'd "levels of evidence." 17 To be honest, I didn't pick one 18 over the other. This is the one that came 19 in 2019, that's the one I included. 20 Q. Did you pick it because it has 21 case studies listed below cohort studies? 22 MS. DAVIDSON: Objection. 23 Wait a minute. Wait a minute. 24 No. This is exactly what I said 25 you can't question about. This was</p>

<p style="text-align: right;">Page 150</p> <p>1</p> <p>2 what was in 2019. He was asked about</p> <p>3 that, this hierarchy of evidence.</p> <p>4 Even Leigh just admitted you can't ask</p> <p>5 about that. No.</p> <p>6 MS. THOMPSON: I'll withdraw the</p> <p>7 question.</p> <p>8 MS. DAVIDSON: Okay, great.</p> <p>9 BY MS. THOMPSON:</p> <p>10 Q. You're familiar with the U.S.</p> <p>11 Preventative Services Task Force, correct?</p> <p>12 A. I'm familiar with the</p> <p>13 organization, yes.</p> <p>14 Q. Are you familiar with the levels</p> <p>15 of evidence?</p> <p>16 MS. DAVIDSON: This is</p> <p>17 exhausting. We did the levels of</p> <p>18 evidence --</p> <p>19 BY MS. THOMPSON:</p> <p>20 Q. Have you reviewed in the past</p> <p>21 five years the U.S. Preventative Task</p> <p>22 Force Levels of Evidence for publications</p> <p>23 or otherwise?</p> <p>24 A. Not that I recall.</p> <p>25 Q. Would you know that most</p>	<p style="text-align: right;">Page 152</p> <p>1</p> <p>2 MS. DAVIDSON: Anything in the</p> <p>3 last five years you can answer.</p> <p>4 A. No.</p> <p>5 Q. So that was not something you</p> <p>6 used in considering evidence provided in</p> <p>7 the studies that you reviewed on talc in</p> <p>8 the last five years?</p> <p>9 A. If I haven't reviewed it, I</p> <p>10 didn't use it, no.</p> <p>11 Q. Well, you may have known about</p> <p>12 it.</p> <p>13 MS. DAVIDSON: Objection.</p> <p>14 BY MS. THOMPSON:</p> <p>15 Q. Did you --</p> <p>16 A. I did not see --</p> <p>17 Q. Do you know what the Levels of</p> <p>18 Evidence are by the U.S. Preventative</p> <p>19 Services Task Force so that you could</p> <p>20 apply them to the literature in the last</p> <p>21 five years on talc?</p> <p>22 MS. DAVIDSON: Objection.</p> <p>23 A. I -- there are multiple</p> <p>24 different versions of this levels of</p> <p>25 evidence, and I'm waiting to get into</p>
<p style="text-align: right;">Page 151</p> <p>1</p> <p>2 journals consider the Levels of Evidence</p> <p>3 as furnished by the U.S. Preventative Task</p> <p>4 Force in evaluating the quality of</p> <p>5 studies?</p> <p>6 MS. DAVIDSON: So I'm going to</p> <p>7 object to any questions about the</p> <p>8 Levels of Evidence that could have</p> <p>9 been asked in 2019, which is exactly</p> <p>10 what plaintiffs did when I was</p> <p>11 deposing plaintiff's experts.</p> <p>12 And I don't mean to be a pain in</p> <p>13 the neck, but this is exactly what was</p> <p>14 done to me and every single question</p> <p>15 was objected to, and I found it very</p> <p>16 difficult to conduct the depositions,</p> <p>17 but the rules of the road have to be</p> <p>18 the same for the goose and the gander.</p> <p>19 BY MS. THOMPSON:</p> <p>20 Q. Have you seen the Levels of</p> <p>21 Evidence from the United States</p> <p>22 Preventative Services Task Force in</p> <p>23 literature relating to talc in the last</p> <p>24 five years?</p> <p>25 THE WITNESS: Can I answer?</p>	<p style="text-align: right;">Page 153</p> <p>1</p> <p>2 whatever you're heading to.</p> <p>3 So, there's U.S. Preventative</p> <p>4 Task Force has one. Clearly there's a</p> <p>5 Center For Evidence-Based Medicine has</p> <p>6 one. Evidence-Based Management has one.</p> <p>7 They all -- but in general, they list</p> <p>8 evidence based on their risk of bias.</p> <p>9 And so, I'm assuming you're</p> <p>10 heading somewhere, and we can get to the</p> <p>11 exact questions you would like to get to.</p> <p>12 MS. THOMPSON: Let's mark this</p> <p>13 as Exhibit 10.</p> <p>14 (Holcomb Exhibit 10, Level of</p> <p>15 Evidence Provided By U.S. Preventative</p> <p>16 Services Task Force, was marked for</p> <p>17 identification, as of this date.)</p> <p>18 BY MS. THOMPSON:</p> <p>19 Q. Is this the Levels of Evidence</p> <p>20 used by ACOG when they do their clinical</p> <p>21 practice guidelines?</p> <p>22 MS. DAVIDSON: So, I'm going to</p> <p>23 object to this exhibit because -- oh,</p> <p>24 I see. You've got a cite here.</p> <p>25 A. Your question was?</p>

<p style="text-align: right;">Page 154</p> <p>1</p> <p>2 MS. DAVIDSON: Wait a minute.</p> <p>3 So is this Exhibit 10?</p> <p>4 And this taken from an article,</p> <p>5 or what's it from?</p> <p>6 MS. THOMPSON: I can give you</p> <p>7 the article too.</p> <p>8 MS. DAVIDSON: 'Cause it's just,</p> <p>9 like, you can't see what this is.</p> <p>10 MS. THOMPSON: Well, I'm happy</p> <p>11 to give the article.</p> <p>12 BY MS. THOMPSON:</p> <p>13 Q. But my question was is that the</p> <p>14 Levels of Evidence chart that's used by</p> <p>15 ACOG and SGO in their clinical guideline</p> <p>16 reviews?</p> <p>17 MS. DAVIDSON: Hold on,</p> <p>18 Margaret.</p> <p>19 Are we marking as Exhibit 11 the</p> <p>20 "Current Methods of the U.S.</p> <p>21 Preventative Services Task Force" by</p> <p>22 Russell Harris?</p> <p>23 MS. THOMPSON: Yes.</p> <p>24 MS. DAVIDSON: Okay. We're not</p> <p>25 getting a clear record here.</p>	<p style="text-align: right;">Page 156</p> <p>1</p> <p>2 Q. What do you call your head of</p> <p>3 GYN oncology?</p> <p>4 A. Why don't we just move on to the</p> <p>5 question?</p> <p>6 Q. Well, I want to say it</p> <p>7 correctly.</p> <p>8 A. I was the director of a division</p> <p>9 of GYN oncology.</p> <p>10 Q. I'll correct that to division</p> <p>11 director of GYN oncology involved with</p> <p>12 fellowship training.</p> <p>13 You stated in your report that</p> <p>14 you were very involved in the research</p> <p>15 coming out of your department, correct?</p> <p>16 A. Yes.</p> <p>17 Q. But you've never seen this</p> <p>18 before?</p> <p>19 A. I wouldn't say I've never seen</p> <p>20 it before.</p> <p>21 I don't know if I've -- this is</p> <p>22 not part of my reliance. So, you know,</p> <p>23 you're asking me have I ever seen this.</p> <p>24 Quite possibly. This is what SGO uses. I</p> <p>25 read GYN Oncology which is the journal of</p>
<p style="text-align: right;">Page 155</p> <p>1</p> <p>2 So that's going to be</p> <p>3 Exhibit 11.</p> <p>4 (Holcomb Exhibit 11, Harris</p> <p>5 article - 2001, was marked for</p> <p>6 identification, as of this date.)</p> <p>7 MS. DAVIDSON: Do you need a</p> <p>8 minute to look at both of these?</p> <p>9 A. Your question is -- what was</p> <p>10 your question?</p> <p>11 Q. Is this the Level of Evidence</p> <p>12 chart that's used by SGO and ACOG, and</p> <p>13 many journals for that matter, when</p> <p>14 evaluating evidence?</p> <p>15 A. I wouldn't know. I don't know</p> <p>16 if they use this one specifically.</p> <p>17 This is my first time seeing</p> <p>18 this paper.</p> <p>19 Q. So as chairman of GYN</p> <p>20 oncology --</p> <p>21 A. I'm not chairman of GYN</p> <p>22 oncology.</p> <p>23 Q. You were in the past, correct?</p> <p>24 A. There is no chairman of GYN</p> <p>25 oncology.</p>	<p style="text-align: right;">Page 157</p> <p>1</p> <p>2 SGO, it's probably been mentioned there.</p> <p>3 But, you know, this is not what I reviewed</p> <p>4 for this purpose.</p> <p>5 MS. DAVIDSON: I don't</p> <p>6 understand something. I asked you,</p> <p>7 Margaret, where this comes from and</p> <p>8 you said it comes from this, but this</p> <p>9 has a cite that says Berge and this</p> <p>10 has a cite that says Harris, and I</p> <p>11 don't understand what the two have</p> <p>12 anything to do with each other.</p> <p>13 This -- this graphic is not in this</p> <p>14 article.</p> <p>15 This article has a discussion of</p> <p>16 criteria for grading case-control</p> <p>17 studies on page 27, but it doesn't</p> <p>18 have this (indicating).</p> <p>19 So I don't know what you're</p> <p>20 talking about.</p> <p>21 MS. THOMPSON: It's on page 26,</p> <p>22 Hierarchy of Research Design,</p> <p>23 published by the U.S. Preventative</p> <p>24 Services Task Force.</p> <p>25 MS. DAVIDSON: So why do you</p>

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<p>1 2 have this cite on this page? That's 3 not the cite from there. 4 MS. THOMPSON: Because that came 5 from the U.S. Preventative Services 6 Task Force directly. 7 MS. DAVIDSON: I'm sorry, so 8 what's Berge Allan? 9 MS. O'DELL: Listen, I think 10 that she's finished with the inquiry. 11 Let's move on. 12 MS. DAVIDSON: Wait a minute. 13 We have an incorrect record. 14 MS. O'DELL: No, we don't. You 15 can follow up if you think the record 16 is unclear. 17 MS. THOMPSON: You said I'm not 18 accurate. 19 MS. DAVIDSON: Well, something's 20 strange here. 21 MS. THOMPSON: You can ask about 22 it if you want to clarify. 23 MS. DAVIDSON: Well, I need to 24 object to the exhibit because it's -- 25 this exhibit says that this comes from</p>	<p>1 2 Is it your opinion that studies 3 that may show a positive association but 4 are not statistically significant are 5 negative studies? 6 A. Yes. 7 Q. Are you an epidemiologist, Dr. 8 Holcomb? 9 A. No. 10 Q. Do you know that that opinion is 11 contrary to what is accepted in the field 12 of epidemiology? 13 MS. DAVIDSON: Objection. 14 A. This sounds very familiar to the 15 2019, but I went down this line of 16 questioning then. And since 2019 'til 17 now, I've yet to see a journal who would 18 accept a paper with no statistical 19 analysis, where you did not set a priority 20 what you consider statistical 21 significance. 22 So I remember in 2019 being told 23 that that whole concept was going to go 24 away, that there were all these experts 25 who disagreed with this concept of</p>
Page 159	Page 161
<p>1 2 a paper called Berge and this paper's 3 called Harris. 4 MS. THOMPSON: Okay. 5 BY MS. THOMPSON: 6 Q. I've given you two documents. 7 One is a chart of the U.S. Preventative 8 Services Task Force Levels of Evidence, 9 and I've also given you an article from 10 the United States Preventative Services 11 Task Force that gives much more detail on 12 the levels of evidence and how they 13 establish them and how they use them to 14 evaluate studies. 15 You can use either chart or 16 both, but I think you said you're not 17 really familiar with that Level of 18 Evidence chart, correct? 19 MS. DAVIDSON: Objection; 20 misstates his testimony. 21 BY MS. THOMPSON: 22 Q. Have I misstated your testimony, 23 Dr. Holcomb? 24 A. I said I have not reviewed this. 25 Q. Okay, thank you.</p>	<p>1 2 statistical significance, and I just want 3 to let you know in 2024, that concept is 4 alive, it's well, it's in every journal. 5 Q. I don't think I asked you a 6 question that -- 7 MS. DAVIDSON: Dr. Holcomb, 8 thank you for reminding me, but he's 9 making a very good point, which is 10 you're asking him the same questions 11 in 2019, which is exactly what Leigh 12 did not let me do with plaintiff's 13 experts, and I know it's probably so 14 super annoying to have an objection to 15 every question. Welcome to my life 16 because that's what happened to me. 17 BY MS. THOMPSON: 18 Q. Doctor -- 19 MS. DAVIDSON: I'm sorry, I'm 20 still talking. 21 MS. THOMPSON: I know you are. 22 You may continue. 23 MS. DAVIDSON: Thank you. Thank 24 you for the permission. 25 So please, you can't ask him</p>

<p style="text-align: right;">Page 162</p> <p>1</p> <p>2 questions like that. The way I had to</p> <p>3 do it in the depositions was I had to</p> <p>4 make sure that every single question</p> <p>5 was limited to the last five years,</p> <p>6 was about the last five years, or was</p> <p>7 about specific revisions to the</p> <p>8 expert's reports, and I did do that.</p> <p>9 I listened to Leigh's objections and I</p> <p>10 tailored my depositions to those</p> <p>11 limitations.</p> <p>12 BY MS. THOMPSON:</p> <p>13 Q. Dr. Holcomb, you reviewed new</p> <p>14 literature from 2019 that you included in</p> <p>15 your 2024 report, correct?</p> <p>16 A. Correct.</p> <p>17 Q. Is it still your opinion that</p> <p>18 any study that showed an association but</p> <p>19 was not statistically significant,</p> <p>20 according to a confidence interval or</p> <p>21 p-value, is it still your opinion that</p> <p>22 that would be considered a negative study</p> <p>23 by yourself?</p> <p>24 A. That's still my opinion, yes.</p> <p>25 Q. Thank you.</p>	<p style="text-align: right;">Page 164</p> <p>1</p> <p>2 number of things that have been pulled off</p> <p>3 the market because of evidence that it</p> <p>4 wasn't safe.</p> <p>5 Q. You can buy Johnson's Baby</p> <p>6 Powder with talc at the store?</p> <p>7 A. Not because FDA pulled it off.</p> <p>8 Q. FDA pulled Johnson's Baby Powder</p> <p>9 off the shelves?</p> <p>10 MS. DAVIDSON: Objection.</p> <p>11 That's not what he said.</p> <p>12 A. I said not because. You're</p> <p>13 asking me what --</p> <p>14 Q. If I misunderstood you, I just</p> <p>15 need clarification.</p> <p>16 A. No problem.</p> <p>17 Q. So I'm confused now.</p> <p>18 You said you can buy talcum</p> <p>19 powder off the shelf.</p> <p>20 A. I'm saying the FDA has never</p> <p>21 made a move to remove talcum powder from</p> <p>22 the shelves because it was deemed not to</p> <p>23 be safe.</p> <p>24 Q. Does FDA regulate cosmetics?</p> <p>25 A. I already stated that's outside</p>
<p style="text-align: right;">Page 163</p> <p>1</p> <p>2 Is it your opinion that FDA has</p> <p>3 concluded in the last five years that talc</p> <p>4 is safe?</p> <p>5 MS. DAVIDSON: Objection.</p> <p>6 A. I'm going to go back to the FDA</p> <p>7 statement because my memory is that the</p> <p>8 FDA basically says the same thing that SGO</p> <p>9 and all the others say. They're saying</p> <p>10 basically there's not enough evidence to</p> <p>11 consider it a risk factor or a cause of</p> <p>12 ovarian cancer. And we've been around</p> <p>13 this multiple times whether that is a</p> <p>14 statement of safety, and I've already said</p> <p>15 I consider that a statement of safety.</p> <p>16 So yes, I would say that is my</p> <p>17 opinion that FDA considers talc safe.</p> <p>18 Q. Okay. And that is true in 2024,</p> <p>19 correct?</p> <p>20 A. It's true in 2024 because I can</p> <p>21 go to a store and buy talc. And so if the</p> <p>22 FDA felt that this was an unsafe product,</p> <p>23 there would be a move against being able</p> <p>24 to obtain that product. If there was</p> <p>25 proven evidence, and I can think of a</p>	<p style="text-align: right;">Page 165</p> <p>1</p> <p>2 of my --</p> <p>3 Q. So you don't know whether FDA</p> <p>4 could remove baby powder from shelves?</p> <p>5 MS. DAVIDSON: Objection.</p> <p>6 A. No.</p> <p>7 Q. Do you know that FDA found</p> <p>8 asbestos in Johnson's Baby Powder in 2019?</p> <p>9 MS. DAVIDSON: Objection.</p> <p>10 A. No.</p> <p>11 Q. Is it your belief that FDA did</p> <p>12 not find asbestos in Johnson's Baby Powder</p> <p>13 in 2019?</p> <p>14 MS. DAVIDSON: Objection.</p> <p>15 A. It's my belief that it doesn't</p> <p>16 matter. My -- going back to the beginning</p> <p>17 of my summary statements and opinions,</p> <p>18 whatever is in that bottle that people are</p> <p>19 using that has led to the literature over</p> <p>20 the last four decades, you can argue</p> <p>21 whether it's asbestos laden, whether it's</p> <p>22 not, it's -- it's -- I'm just saying that</p> <p>23 whatever's in that bottle I don't believe</p> <p>24 causes cancer. And no, I don't -- so</p> <p>25 this -- this -- I'll let you continue your</p>

<p style="text-align: right;">Page 166</p> <p>1</p> <p>2 line of questioning.</p> <p>3 Q. And so it does not matter</p> <p>4 whether there's asbestos in the product or</p> <p>5 not in forming your opinions?</p> <p>6 A. No.</p> <p>7 Q. Do you know that there was a</p> <p>8 recall on baby powder, because FDA found</p> <p>9 asbestos in Johnson's Baby Powder?</p> <p>10 MS. DAVIDSON: Objection.</p> <p>11 A. I was not aware of that.</p> <p>12 MS. THOMPSON: Are we up to</p> <p>13 Exhibit 12?</p> <p>14 (Holcomb Exhibit 12, FDA news</p> <p>15 release "Baby powder manufacturer</p> <p>16 voluntarily recalls products for</p> <p>17 asbestos" - October 18, 2019, was</p> <p>18 marked for identification, as of this</p> <p>19 date.)</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. So, Dr. Holcomb, you've been</p> <p>22 working on this litigation for several</p> <p>23 years, correct?</p> <p>24 A. Mm-hm.</p> <p>25 Q. But you were not aware that FDA</p>	<p style="text-align: right;">Page 168</p> <p>1</p> <p>2 MS. DAVIDSON: Objection.</p> <p>3 A. Again, I was asked to review the</p> <p>4 literature to come up with an opinion of</p> <p>5 whether talc products, including Johnson &</p> <p>6 Johnson products, increase the risk of</p> <p>7 ovarian cancer.</p> <p>8 So no, my opinions are based on,</p> <p>9 again, the 40 years of epidemiologic</p> <p>10 literature on that topic.</p> <p>11 Q. Assuming with me that baby</p> <p>12 powder can contain asbestos, does that</p> <p>13 change your opinions as to the</p> <p>14 plausibility of mechanism --</p> <p>15 A. Not really.</p> <p>16 Q. -- if it reaches the ovaries?</p> <p>17 A. No.</p> <p>18 Q. Why not?</p> <p>19 MS. DAVIDSON: Objection.</p> <p>20 A. Because while I -- I know that</p> <p>21 some may consider heavy occupational</p> <p>22 exposure to asbestos a risk factor for</p> <p>23 ovarian cancer, and IARC definitely does,</p> <p>24 although, you know, there's real questions</p> <p>25 about the ability to distinguish</p>
<p style="text-align: right;">Page 167</p> <p>1</p> <p>2 found asbestos in Johnson's Baby Powder</p> <p>3 and Johnson recalled those lots?</p> <p>4 A. No, I was not aware.</p> <p>5 MS. DAVIDSON: Objection. You</p> <p>6 misstate the evidence. It's one lot.</p> <p>7 You said lots, plural. This</p> <p>8 says lot, singular.</p> <p>9 BY MS. THOMPSON:</p> <p>10 Q. In that lot in which FDA found</p> <p>11 asbestos, you were not aware of that?</p> <p>12 A. No.</p> <p>13 Q. The lawyers representing Johnson</p> <p>14 & Johnson did not tell you that</p> <p>15 information?</p> <p>16 MS. DAVIDSON: Objection. My</p> <p>17 conversations with Dr. Holcomb are</p> <p>18 privileged.</p> <p>19 BY MS. THOMPSON:</p> <p>20 Q. Okay. You don't have to answer</p> <p>21 that.</p> <p>22 Did you do any research yourself</p> <p>23 to see whether FDA had tested any baby</p> <p>24 powder for asbestos after you started</p> <p>25 working on this litigation?</p>	<p style="text-align: right;">Page 169</p> <p>1</p> <p>2 mesothelioma from ovarian cancer at that</p> <p>3 time, I don't know of any evidence, and I</p> <p>4 did review that literature based on</p> <p>5 whether or not environmental exposure to</p> <p>6 asbestos has increased the risk of ovarian</p> <p>7 cancer.</p> <p>8 So, you know, I -- I'm not</p> <p>9 surprised that Johnson & Johnson would</p> <p>10 pull a lot that has found to have asbestos</p> <p>11 if they believe that to be true, but that</p> <p>12 doesn't inform my opinion as far as its</p> <p>13 risk of causing ovarian cancer because</p> <p>14 that opinion is based on, again, the body</p> <p>15 of literature of epidemiologic studies</p> <p>16 spanning decades.</p> <p>17 Q. Okay. My question was does</p> <p>18 influence your opinion as to the possible</p> <p>19 mechanism if there is asbestos in baby</p> <p>20 powder for causing cancer?</p> <p>21 MS. DAVIDSON: Objection; asked</p> <p>22 and answered.</p> <p>23 BY MS. THOMPSON:</p> <p>24 Q. The mechanism.</p> <p>25 A. No.</p>

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<p>1</p> <p>2 MS. DAVIDSON: Objection.</p> <p>3 Sorry, I can't tell when the</p> <p>4 question ends.</p> <p>5 THE WITNESS: Sorry.</p> <p>6 MS. DAVIDSON: I'm objecting</p> <p>7 asked and answered. I don't know if</p> <p>8 the question was done, but you</p> <p>9 answered, so maybe the question was</p> <p>10 done.</p> <p>11 BY MS. THOMPSON:</p> <p>12 Q. Have you seen the interagency</p> <p>13 working group white paper on asbestos</p> <p>14 testing?</p> <p>15 A. No, I don't believe so.</p> <p>16 Q. Published in 2020?</p> <p>17 MS. THOMPSON: We'll mark this</p> <p>18 Exhibit 13.</p> <p>19 (Holcomb Exhibit 13, Executive</p> <p>20 Summary Preliminary Recommendations on</p> <p>21 Testing Methods For Asbestos in Talc</p> <p>22 and Consumer Products Containing</p> <p>23 Talc - January 6, 2020, was marked for</p> <p>24 identification, as of this date.)</p> <p>25</p>	<p>1</p> <p>2 A. But your question was very</p> <p>3 broad, and I don't consider myself an</p> <p>4 expert overall.</p> <p>5 Q. Is it your intention to not</p> <p>6 testify as to whether asbestos can cause</p> <p>7 ovarian cancer?</p> <p>8 A. It would be -- if asked at a</p> <p>9 trial does asbestos cause ovarian cancer,</p> <p>10 I would say there's been evidence that</p> <p>11 heavy occupational exposure. So if I had</p> <p>12 a patient who told me she was making gas</p> <p>13 masks made of asbestos, if I had a patient</p> <p>14 tell me she was working in an asbestos</p> <p>15 cement factory, I would tell them to stop</p> <p>16 working in those places.</p> <p>17 Q. Is there evidence of</p> <p>18 environmental, community, or perineal talc</p> <p>19 exposure with asbestos causing ovarian</p> <p>20 cancer?</p> <p>21 A. I don't know -- I've already</p> <p>22 shared my general opinion that talc</p> <p>23 doesn't cause ovarian cancer.</p> <p>24 Q. Okay.</p> <p>25 A. So I would -- I would say no.</p>
Page 171	Page 173
<p>1</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. Have you seen this? This is the</p> <p>4 executive summary of a much longer white</p> <p>5 paper.</p> <p>6 MS. DAVIDSON: I'm going to</p> <p>7 object to any questioning on this</p> <p>8 topic. Dr. Holcomb is not an expert</p> <p>9 in asbestos testing. This is totally</p> <p>10 outside of scope of his opinions.</p> <p>11 MS. THOMPSON: I don't intend to</p> <p>12 ask him about the testing. I intend</p> <p>13 to ask him about the health hazards.</p> <p>14 BY MS. THOMPSON:</p> <p>15 Q. Are you an expert in health</p> <p>16 hazards from environmental substances?</p> <p>17 MS. DAVIDSON: Objection.</p> <p>18 A. No.</p> <p>19 MS. DAVIDSON: I don't even know</p> <p>20 what that means.</p> <p>21 BY MS. THOMPSON:</p> <p>22 Q. You don't have yourself a --</p> <p>23 A. In general? With regard to GYN</p> <p>24 oncology, yes.</p> <p>25 Q. Okay.</p>	<p>1</p> <p>2 If you're saying there's</p> <p>3 asbestos in talc, then I would say that</p> <p>4 "Apparently that's not enough to cause</p> <p>5 ovarian cancer because the body of</p> <p>6 literature doesn't support that that</p> <p>7 causes ovarian cancer.</p> <p>8 Q. You're familiar with IARC 2012?</p> <p>9 A. Yes.</p> <p>10 Q. You reviewed it?</p> <p>11 A. Yes.</p> <p>12 Q. Did you review it again for this</p> <p>13 deposition?</p> <p>14 A. No.</p> <p>15 Q. Is it your opinion --</p> <p>16 MS. DAVIDSON: Wait a minute.</p> <p>17 Wait a minute. He was questioned</p> <p>18 about IARC 2012 a hundred times.</p> <p>19 MS. THOMPSON: Well, he just</p> <p>20 gave an inaccurate opinion about what</p> <p>21 it says. I can't ask him --</p> <p>22 MS. DAVIDSON: You cannot ask</p> <p>23 him about IARC 2012.</p> <p>24 No, you cannot.</p> <p>25</p>

<p style="text-align: right;">Page 174</p> <p>1</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. Okay. Is it your opinion --</p> <p>4 MS. DAVIDSON: I just said no,</p> <p>5 you cannot ask him about that.</p> <p>6 MS. THOMPSON: You didn't even</p> <p>7 hear my question, Jessica?</p> <p>8 MS. DAVIDSON: It doesn't</p> <p>9 matter, if it's about IARC 2012, it's</p> <p>10 out.</p> <p>11 MS. THOMPSON: How do you know</p> <p>12 it's about IARC 2012?</p> <p>13 MS. DAVIDSON: It's not? Great.</p> <p>14 BY MS. THOMPSON:</p> <p>15 Q. Is it your opinion that all the</p> <p>16 literature, including multiple studies</p> <p>17 since 2019, only address heavy</p> <p>18 occupational exposure of asbestos as</p> <p>19 causative of ovarian cancer?</p> <p>20 A. Can you repeat the question?</p> <p>21 Q. Is it your opinion that studies</p> <p>22 published since 2019 on the topic of</p> <p>23 asbestos and ovarian cancer only address</p> <p>24 heavy occupational exposure?</p> <p>25 MS. DAVIDSON: Objection.</p>	<p style="text-align: right;">Page 176</p> <p>1</p> <p>2 no, I did not spend a lot of time studying</p> <p>3 asbestos. I figured whatever's in that</p> <p>4 bottle that people are using, that's what</p> <p>5 I'm studying. And there's been studies</p> <p>6 since my last deposition on that topic of</p> <p>7 talc, and that's what I focused on.</p> <p>8 Q. Okay. I am going to ask you if</p> <p>9 you looked at these other papers. I know</p> <p>10 you said you didn't look at anything, but</p> <p>11 you did look at Slomovich, so I'm --</p> <p>12 MS. DAVIDSON: Is Slomovitz on</p> <p>13 his reliance list?</p> <p>14 MS. THOMPSON: Yes. It's in his</p> <p>15 report.</p> <p>16 MS. DAVIDSON: Are these other</p> <p>17 papers on his reliance list?</p> <p>18 MS. THOMPSON: They're not, but</p> <p>19 I'm going to see if he reviewed the</p> <p>20 other papers on asbestos.</p> <p>21 MS. DAVIDSON: That aren't on</p> <p>22 his reliance list?</p> <p>23 MS. THOMPSON: No, because they</p> <p>24 don't say what he wants them to say,</p> <p>25 but they're still fair game.</p>
<p style="text-align: right;">Page 175</p> <p>1</p> <p>2 A. I didn't review the literature</p> <p>3 on asbestos.</p> <p>4 Q. You did not review any</p> <p>5 literature since 2019 on asbestos and</p> <p>6 ovarian cancer?</p> <p>7 A. No.</p> <p>8 Q. You did review Slomovich paper,</p> <p>9 right?</p> <p>10 A. Yes.</p> <p>11 Q. Why did you pick Slomovich</p> <p>12 specifically?</p> <p>13 A. To be honest, it's largely</p> <p>14 because I came across the paper because</p> <p>15 I -- I know him personally. I used to</p> <p>16 work with him. So I found it interesting</p> <p>17 that he was writing on this topic.</p> <p>18 Q. But that didn't prompt you to</p> <p>19 look and see if there's other literature</p> <p>20 on the same topic other than Dr.</p> <p>21 Slomovich?</p> <p>22 A. Again I put in lots of hours</p> <p>23 preparing for this deposition to give my</p> <p>24 opinion about talc, cosmetic talc, just</p> <p>25 like it says to stipulate that. And so</p>	<p style="text-align: right;">Page 177</p> <p>1</p> <p>2 MS. DAVIDSON: Okay.</p> <p>3 Is this a good time for a break?</p> <p>4 We've been going like an</p> <p>5 hour-and-a-half, I think.</p> <p>6 MS. THOMPSON: That's fine.</p> <p>7 (Recess taken.)</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. Dr. Holcomb, before the break,</p> <p>10 we were talking about FDA and statements</p> <p>11 they've made about talc. We're going to</p> <p>12 go back to that, if that's okay with you.</p> <p>13 If you'll return, well, we're</p> <p>14 going to regardless. If you'll turn to</p> <p>15 page 9 of your report. You added the last</p> <p>16 part of the second paragraph on that page</p> <p>17 that: The FDA had performed a non-biased</p> <p>18 review of the epidemiology with the</p> <p>19 conclusions.</p> <p>20 Is this the --</p> <p>21 MS. THOMPSON: Let's mark this</p> <p>22 as Exhibit 14.</p> <p>23 (Holcomb Exhibit 14, FDA</p> <p>24 document "Talc" - April 5, 2024, was</p> <p>25 marked for identification, as of this</p>

<p style="text-align: right;">Page 178</p> <p>1</p> <p>2 date.)</p> <p>3 BY MS. THOMPSON:</p> <p>4 Q. Is this the document that you're</p> <p>5 referring to?</p> <p>6 That's what I came up with --</p> <p>7 A. I reviewed it online, so I'm</p> <p>8 just trying to make sure it's the same</p> <p>9 thing. It looks like a little different.</p> <p>10 Q. -- when I went to your site.</p> <p>11 MS. DAVIDSON: What did you ask?</p> <p>12 MS. THOMPSON: Is this the</p> <p>13 document that's citing on page 9 of</p> <p>14 his report in footnote 37 updated</p> <p>15 April 5th, 2024, FDA talc.</p> <p>16 MS. DAVIDSON: Footnote 57?</p> <p>17 MS. THOMPSON: 37.</p> <p>18 A. I'm not sure because I don't see</p> <p>19 the statement that I mention that I had a</p> <p>20 quotation.</p> <p>21 Q. I believe it's in there.</p> <p>22 That's not what I'm going to ask</p> <p>23 you about.</p> <p>24 A. That's the only reason why I'm</p> <p>25 questioning if it's the same.</p>	<p style="text-align: right;">Page 180</p> <p>1</p> <p>2 So we know that you did not look</p> <p>3 at the 2019 testing finding asbestos and</p> <p>4 the recall, correct?</p> <p>5 A. Right.</p> <p>6 Q. And we've previously marked the</p> <p>7 Executive Summary from the working group,</p> <p>8 if that's Exhibit 13, if you could pull</p> <p>9 that up.</p> <p>10 A. Sure.</p> <p>11 Q. And you have not seen this,</p> <p>12 correct?</p> <p>13 A. No.</p> <p>14 Q. This is a document from FDA who</p> <p>15 performed a working group on asbestos in</p> <p>16 consumer products with representatives</p> <p>17 from eight federal agencies.</p> <p>18 You see that?</p> <p>19 A. Yes.</p> <p>20 Q. And if you look at footnote 2,</p> <p>21 the eight federal agencies are listed.</p> <p>22 What are those?</p> <p>23 A. The FDA, the NIOSH, the NIH, the</p> <p>24 NIEHS, OSHA. Want me to read them all?</p> <p>25 Q. Yeah, go ahead and read them</p>
<p style="text-align: right;">Page 179</p> <p>1</p> <p>2 Q. It's on the second page.</p> <p>3 A. On the second page, let me see.</p> <p>4 Q. But when you say that, I'm just</p> <p>5 asking you if this was the document that</p> <p>6 you obtained online from FDA titled "Talc"</p> <p>7 updated April 5th, 2024.</p> <p>8 A. Yes, I believe so.</p> <p>9 Q. Did you review this whole</p> <p>10 document?</p> <p>11 A. Yes.</p> <p>12 Q. And this is the document that</p> <p>13 led you to believe that FDA had concluded</p> <p>14 that talc is safe, correct?</p> <p>15 MS. DAVIDSON: Objection.</p> <p>16 A. I quoted what I thought FDA was</p> <p>17 saying.</p> <p>18 Q. Okay.</p> <p>19 A. I pulled it directly from them.</p> <p>20 Q. All right.</p> <p>21 Did you look at anything else</p> <p>22 from FDA?</p> <p>23 A. Unless I quoted FDA again, I</p> <p>24 don't believe so.</p> <p>25 Q. Okay.</p>	<p style="text-align: right;">Page 181</p> <p>1</p> <p>2 all.</p> <p>3 A. EPA, CPSC, NIST, USGS.</p> <p>4 Q. And the IWGACP, in the first</p> <p>5 paragraph was formed in response to</p> <p>6 reports that the presence of asbestos in</p> <p>7 talc-containing cosmetic products with</p> <p>8 talc being the presumptive source of</p> <p>9 asbestos.</p> <p>10 Did I read that correctly, that</p> <p>11 that's the reason IWGACP was formed?</p> <p>12 A. Give me one second 'cause I</p> <p>13 haven't seen this before.</p> <p>14 (Witness reads document.)</p> <p>15 Yes.</p> <p>16 Q. And it further goes on to state</p> <p>17 in the introductory paragraph that since</p> <p>18 2017, there have been several voluntary</p> <p>19 recalls of cosmetic products by retailers</p> <p>20 in the U.S. and globally, Canada,</p> <p>21 Netherlands, Taiwan, due to the presence</p> <p>22 of asbestos.</p> <p>23 That's what this document</p> <p>24 states, correct?</p> <p>25 A. Correct.</p>

<p style="text-align: right;">Page 182</p> <p>1</p> <p>2 Q. And also the U.S., we learned,</p> <p>3 recalled -- had a recall of Johnson's Baby</p> <p>4 Powder in 2019 because of asbestos</p> <p>5 finding, correct?</p> <p>6 A. The U.S., you mean Johnson &</p> <p>7 Johnson pulled because of that lot, that's</p> <p>8 what you mean by the U.S.?</p> <p>9 Q. Yes.</p> <p>10 A. Yes.</p> <p>11 Q. In the United States there was a</p> <p>12 recall by Johnson & Johnson of a -- of</p> <p>13 their baby powder that was found to</p> <p>14 contain asbestos.</p> <p>15 A. I assume that lot was in the</p> <p>16 U.S. I don't -- I don't -- I don't know.</p> <p>17 Q. And it goes on to say that raw</p> <p>18 material, in the connected paragraph, raw</p> <p>19 material talc is obtained from mines that</p> <p>20 may also contain asbestos and related</p> <p>21 minerals.</p> <p>22 Do you have any understanding of</p> <p>23 the raw material talc also containing</p> <p>24 asbestos and related materials?</p> <p>25 A. I'm not really a -- an expert on</p>	<p style="text-align: right;">Page 184</p> <p>1</p> <p>2 MS. THOMPSON: Well, if you</p> <p>3 would please just object to form, it</p> <p>4 will go much faster. And it is my</p> <p>5 deposition.</p> <p>6 MS. DAVIDSON: Your</p> <p>7 co-counsel --</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. In the third --</p> <p>10 MS. DAVIDSON: I'm sorry, I'm</p> <p>11 responding to that.</p> <p>12 Your co-counsel didn't object to</p> <p>13 form.</p> <p>14 BY MS. THOMPSON:</p> <p>15 Q. In the third paragraph it</p> <p>16 states: The health hazards associated</p> <p>17 with asbestos are well-documented.</p> <p>18 Do you agree with that?</p> <p>19 MS. DAVIDSON: Again I have</p> <p>20 said --</p> <p>21 MS. THOMPSON: Object to form.</p> <p>22 MS. DAVIDSON: -- this is</p> <p>23 outside the scope --</p> <p>24 MS. THOMPSON: Health hazards of</p> <p>25 asbestos are outside his areas --</p>
<p style="text-align: right;">Page 183</p> <p>1</p> <p>2 mining.</p> <p>3 Q. Okay. And the removal of -- it</p> <p>4 states: The removal of asbestos by</p> <p>5 purification of talc ores is extremely</p> <p>6 difficult.</p> <p>7 And would you say the same thing</p> <p>8 about that statement?</p> <p>9 MS. DAVIDSON: Again I'm going</p> <p>10 to object.</p> <p>11 I don't know why you're</p> <p>12 questioning him about this. He's a</p> <p>13 GYN oncologist. I just think you're</p> <p>14 so far afield from his areas of</p> <p>15 expertise or his opinions. I mean, if</p> <p>16 you want to keep asking him questions</p> <p>17 that he keep objecting to and he keeps</p> <p>18 telling you are outside his area of</p> <p>19 expertise and that's how you want to</p> <p>20 use your seven hours, I mean, I guess</p> <p>21 go ahead, but I'm going to object over</p> <p>22 and over that you're just not asking</p> <p>23 questions that are anywhere within the</p> <p>24 scope of his opinions or his</p> <p>25 expertise.</p>	<p style="text-align: right;">Page 185</p> <p>1</p> <p>2 that's fine. If you want to say the</p> <p>3 health effects of asbestos are outside</p> <p>4 of your --</p> <p>5 MS. DAVIDSON: He --</p> <p>6 MS. THOMPSON: Let me finish,</p> <p>7 Jessica.</p> <p>8 MS. DAVIDSON: No, because you</p> <p>9 didn't let me finish my objection. I</p> <p>10 don't think it counts as me</p> <p>11 interrupting you when I'm interrupting</p> <p>12 your interruption of me.</p> <p>13 He has offered an expert opinion</p> <p>14 about talc and allegations that talc</p> <p>15 can cause ovarian cancer with Ms.</p> <p>16 Gallardo.</p> <p>17 Dr. Holcomb is a GYN oncologist.</p> <p>18 He has tremendous expertise on GYN</p> <p>19 oncology.</p> <p>20 You are asking him questions</p> <p>21 that are outside his area of expertise</p> <p>22 on a document you haven't even given</p> <p>23 him a chance to read. So yes, I am</p> <p>24 going to object.</p> <p>25 BY MS. THOMPSON:</p>

<p style="text-align: right;">Page 186</p> <p>1</p> <p>2 Q. Dr. Holcomb, is the statement:</p> <p>3 The health hazards associated with</p> <p>4 asbestos are well-documented, is that out</p> <p>5 of your area of expertise?</p> <p>6 A. Yeah, I would have to say it is</p> <p>7 because -- yeah, it is.</p> <p>8 Q. Okay.</p> <p>9 The second sentence in that:</p> <p>10 There is general agreement among U.S.</p> <p>11 federal agencies, most developed nations,</p> <p>12 and the World Health Organization that</p> <p>13 there is no safe level of asbestos</p> <p>14 exposure.</p> <p>15 Do you agree with that</p> <p>16 statement?</p> <p>17 MS. DAVIDSON: Again, you</p> <p>18 have -- there are asbestos --</p> <p>19 MS. O'DELL: Object to the form.</p> <p>20 MS. DAVIDSON: Leigh, you never</p> <p>21 did that. Not one time.</p> <p>22 MS. THOMPSON: Yes, she did. I</p> <p>23 was there.</p> <p>24 MS. DAVIDSON: You were not</p> <p>25 there. You were not at a single</p>	<p style="text-align: right;">Page 188</p> <p>1</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. Dr. Holcomb, do you want me to</p> <p>4 read that statement again?</p> <p>5 A. Sure.</p> <p>6 Q. There is general agreement among</p> <p>7 U.S. federal agencies, most developed</p> <p>8 nations, and the World Health</p> <p>9 Organization, that there is no safe level</p> <p>10 of asbestos exposure.</p> <p>11 Do you agree with that</p> <p>12 statement?</p> <p>13 A. I don't really have an opinion.</p> <p>14 It's outside my expertise.</p> <p>15 Q. That's a perfectly appropriate</p> <p>16 answer.</p> <p>17 A. I think --</p> <p>18 Q. And if you look further into the</p> <p>19 executive summary of the white paper, it</p> <p>20 does go into testing methodology,</p> <p>21 definitions of asbestos, reportable</p> <p>22 measurements.</p> <p>23 Would you say that you are not</p> <p>24 an expert in any of those areas?</p> <p>25 A. I would.</p>
<p style="text-align: right;">Page 187</p> <p>1</p> <p>2 deposition I took.</p> <p>3 MS. THOMPSON: I have been.</p> <p>4 MS. DAVIDSON: You were not at a</p> <p>5 single deposition I have taken in the</p> <p>6 last year.</p> <p>7 MS. THOMPSON: I was at CP.</p> <p>8 MS. O'DELL: That's not</p> <p>9 relevant.</p> <p>10 Let's please move on.</p> <p>11 MS. DAVIDSON: No, excuse me.</p> <p>12 MS. O'DELL: It's not relevant.</p> <p>13 State your objection.</p> <p>14 MS. DAVIDSON: You have asbestos</p> <p>15 experts in this litigation. He is not</p> <p>16 designated as an expert on asbestos,</p> <p>17 and this is outside the scope of his</p> <p>18 opinions.</p> <p>19 Also as Leigh would have said,</p> <p>20 you could have asked him about</p> <p>21 asbestos in 2019 and probably did.</p> <p>22 MS. THOMPSON: I'm asking him</p> <p>23 about the executive summary of the</p> <p>24 inter-agency working group on consumer</p> <p>25 products dated January 6, 2020.</p>	<p style="text-align: right;">Page 189</p> <p>1</p> <p>2 Q. Did you understand my question?</p> <p>3 A. I did.</p> <p>4 Q. We talked about the Slomovich</p> <p>5 paper that you read because you know Dr.</p> <p>6 Slomovitch and it was of interest, I</p> <p>7 believe you said.</p> <p>8 A. Slomovitz, just, it's T-Z.</p> <p>9 Q. Thank you, Slomovitz.</p> <p>10 A. Yeah.</p> <p>11 Q. If there were other papers on</p> <p>12 the topic of asbestos and ovarian cancer</p> <p>13 published since 2019 that are not on your</p> <p>14 reliance list, may I assume that you did</p> <p>15 not review those papers?</p> <p>16 A. You can assume that.</p> <p>17 Q. Did you understand my question?</p> <p>18 A. I did.</p> <p>19 Q. And are you aware that the</p> <p>20 authors of the Slomovitz paper are</p> <p>21 consultants for Johnson & Johnson?</p> <p>22 A. No.</p> <p>23 Q. Would it surprise you?</p> <p>24 A. No.</p> <p>25 MS. THOMPSON: Let's go ahead</p>

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<p>1 2 and mark the Slomovitz paper 3 Exhibit 15. 4 (Holcomb Exhibit 15, Slomovitz 5 article - 2020, was marked for 6 identification, as of this date.) 7 BY MS. THOMPSON: 8 Q. In the first sentence of the 9 Slomovitz paper says: Asbestos recently 10 returned to the spotlight when Johnson & 11 Johnson halted sales of baby powder due to 12 lawsuits claiming that the talc in baby 13 powder may have been contaminated with 14 asbestos which has been linked to the risk 15 of ovarian cancer development. 16 Would you agree that that 17 opening statement would lead you to 18 believe that the paper was written in 19 response to the litigation with talcum 20 powder? 21 A. I would assume that that was 22 part of the motivation for writing this, 23 that it was in public discourse because of 24 that, yes. 25 Q. Sure.</p>	<p>1 2 You refer frequently to the NCI 3 PDQ, correct? 4 A. Yes. 5 Q. And the PDQ was updated in March 6 of 2024, correct? I think it's the 7 version that you referred to in your 8 report. So hopefully -- 9 A. Yes. 10 Q. -- we won't have any objections 11 to using that updated PDQ. 12 MS. THOMPSON: We'll mark the 13 updated PDQ dated March 3, 2024 14 Exhibit 16. 15 (Holcomb Exhibit 16, NIH PDQ, 16 was marked for identification, as of 17 this date.) 18 MS. THOMPSON: And we're going 19 to talk about the PDQ and the 20 literature cited in the PDQ, but I'd 21 also like to mark Forrest plots that 22 have been updated and validated at 23 trial for easy reference. 24 This Forrest plot is the 25 Meta-Analysis and Pooled Analysis as</p>
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<p>1 2 Does this paper, in your 3 opinion, conclude that talc-containing 4 asbestos is safe? 5 MS. DAVIDSON: Objection. 6 A. I don't think that's what the 7 study was about. No, there's no way that 8 this study could conclude that. 9 Q. So you're not saying that this 10 would -- this paper would support your 11 opinions that talc is safe? 12 MS. DAVIDSON: Objection. 13 That's a different -- 14 A. This -- 15 MS. DAVIDSON: Mischaracterizes 16 his testimony. 17 BY MS. THOMPSON: 18 Q. I'm trying to understand your 19 testimony, Dr. Holcomb. I don't want to 20 misstate. 21 A. This study could not refute more 22 support my feeling about talc. 23 Q. Okay. So it does not refute, 24 and it does not support, either one. 25 Okay.</p>	<p>1 2 Exhibit 17. 3 (Holcomb Exhibit 17, Figure 1: 4 Meta-Analyses and Pooled Analyses, was 5 marked for identification, as of this 6 date.) 7 MS. THOMPSON: And this one is 8 the Case-Control as Exhibit 18. 9 (Holcomb Exhibit 18, Figure 2: 10 Case-Control and Cohort Studies, was 11 marked for identification, as of this 12 date.) 13 MS. DAVIDSON: Did you identify 14 the sources for these? 15 MS. THOMPSON: The Forrest plots 16 have been used by both plaintiffs and 17 defendants in trial. 18 MS. DAVIDSON: I understand. I 19 just want for the record for Figure 1 20 and Figure 2 -- this is just a bigger 21 version, for those of us with bad 22 eyes. Thank you for that. I 23 appreciate that. Although they have 24 different page numbers, weirdly. 25 They seem to be identical, but</p>

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<p>1 2 can you just identify what papers they 3 come from? 4 MS. THOMPSON: The Forrest plots 5 are in all of our experts' reports, 6 and they were prepared by Dr. McTernan. 7 MS. DAVIDSON: So this is 113 8 and this is 10. These are from expert 9 reports; they're not from published 10 papers. 11 MS. THOMPSON: They're not from 12 published papers, but they are correct 13 and they have been used by both 14 plaintiffs and defendants. 15 MS. DAVIDSON: Is this from a 16 published paper or an expert report, 17 Figure 1? 18 MS. O'DELL: It's from an expert 19 report, just like Margaret said. 20 MS. DAVIDSON: No, no, no, she 21 was talking about this (indicating). 22 MS. THOMPSON: All of those 23 Forrest plots were from expert 24 reports. 25 MS. DAVIDSON: So Figure 1 and</p>	<p>1 impression I got. 2 BY MS. THOMPSON: 3 Q. Let's just assume these are 4 accurate, okay. 5 Are you okay assuming they're 6 accurate and if you can later prove 7 they're not? 8 A. Why not. 9 Q. I'm just trying to get you out. 10 MS. DAVIDSON: We're all for 11 that. 12 BY MS. THOMPSON: 13 Q. Let's turn to the PDQ. And I 14 understand that the section that you are 15 most interested in begins on page 21 of 27 16 "Perineal Talc Exposure." 17 If you want to turn to that. 18 A. Yes. 19 Q. Do you know who the author of 20 this section of the PDQ is? 21 A. I don't remember. I do -- 22 Q. Is it listed in the -- after or 23 with the section? 24 A. Actually, it's not listed here.</p>
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<p>1 2 Figure 2 are from plaintiff expert 3 reports. 4 MS. THOMPSON: Yes. 5 MS. DAVIDSON: Okay. I just 6 want to understand. Thank you. 7 MS. O'DELL: Dr. Wolf's report, 8 first report. 9 BY MS. THOMPSON: 10 Q. And you've seen these, Dr. 11 Holcomb, in Dr. Wolf's report, correct? 12 A. Correct. 13 Q. Do you have any reason to 14 question the accuracy of these Forrest 15 plots? 16 MS. DAVIDSON: I mean, I'm going 17 to object to that question. 18 MS. THOMPSON: Okay. 19 MS. DAVIDSON: Unless he sits 20 down with the papers, he has no way to 21 know that. That's a silly question. 22 MS. THOMPSON: Well, you seem to 23 be suggesting that because they were 24 from plaintiffs' reports that they 25 might not be accurate, was the</p>	<p>1 2 Q. Do you know if there was any 3 influence from Johnson & Johnson on the 4 NCI PDQ? 5 A. No. 6 Q. You would agree that this is not 7 a comprehensive review, wouldn't you? 8 MS. DAVIDSON: Objection. 9 A. What's your definition of 10 "comprehensive"? 11 Q. What's your definition of 12 "comprehensive"? 13 A. Well, this is a -- it seems 14 pretty comprehensive. 15 Q. Well, it's about one-page long, 16 right? 17 A. It's not the length of it; it's 18 how many papers are being considered. 19 Q. And there are seven papers 20 considered? 21 A. Because they're, sort of, 22 weighing heavily on the meta-analysis. 23 Q. I didn't ask you that. 24 There are seven studies cited, 25 correct?</p>

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<p>1</p> <p>2 A. Including, you know, thousands</p> <p>3 of -- I mean, thousands of women in</p> <p>4 multiple studies, yes. But I -- your</p> <p>5 question to me does this look</p> <p>6 comprehensive, I'd have to look through it</p> <p>7 again, but it seems pretty comprehensive.</p> <p>8 Q. It's certainly not as</p> <p>9 comprehensive as your expert report, is</p> <p>10 it?</p> <p>11 A. This is not addressing -- my</p> <p>12 expert report went through my experience</p> <p>13 and it went through the epidemiology and</p> <p>14 it went through -- this is just addressing</p> <p>15 one aspect of my report, so.</p> <p>16 Q. Okay. That's fine.</p> <p>17 You believe this is a</p> <p>18 comprehensive report?</p> <p>19 A. It seems fairly comprehensive,</p> <p>20 yeah.</p> <p>21 Q. I just want your answers.</p> <p>22 A. I'm just offering them.</p> <p>23 Q. Okay, good.</p> <p>24 You would agree that it's not</p> <p>25 peer-reviewed, correct?</p>	<p>1</p> <p>2 A. 25, I'm sorry. Give me one</p> <p>3 second.</p> <p>4 Q. At the bottom.</p> <p>5 And it states: This summary is</p> <p>6 reviewed regularly and updated as</p> <p>7 necessary by the PDQ Screening and</p> <p>8 Prevention Editorial Board which is</p> <p>9 editorially independent of the NCI.</p> <p>10 Does it state that?</p> <p>11 A. Yes.</p> <p>12 Q. (Reading) And the summary</p> <p>13 reflects an independent review of the</p> <p>14 literature and does not represent a policy</p> <p>15 statement of the NCI or National</p> <p>16 Institutes of Health.</p> <p>17 That's at least what it states.</p> <p>18 A. Yes.</p> <p>19 Q. Is there anywhere that it states</p> <p>20 "contained in the PDQ are the opinions of</p> <p>21 the NIH or NCI"?</p> <p>22 A. No. The NIH doesn't -- the NIH</p> <p>23 doesn't -- can't speak as an organization</p> <p>24 for everybody in the NIH, or the NCI.</p> <p>25 They put together editorial boards that --</p>
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<p>1</p> <p>2 A. I would agree.</p> <p>3 Q. And you would agree that there's</p> <p>4 a specific statement that this -- that the</p> <p>5 PDQ does not represent the policy of the</p> <p>6 NIH and NCI, correct?</p> <p>7 A. A policy?</p> <p>8 Q. I'm using their words, but I can</p> <p>9 point you to that.</p> <p>10 A. I wouldn't take this review of</p> <p>11 the literature to represent a policy, no.</p> <p>12 They're not suggesting any action or thing</p> <p>13 that would be outlined in a policy. So I</p> <p>14 wouldn't assume that.</p> <p>15 Q. Okay.</p> <p>16 Do you think this is a statement</p> <p>17 of the opinions of NIH and NCI?</p> <p>18 A. I would think so, yes.</p> <p>19 Q. So the statement that says: The</p> <p>20 summary reflects an independent review of</p> <p>21 the literature and does not represent a</p> <p>22 policy statement of the NCI or the</p> <p>23 National Institutes of Health --</p> <p>24 A. Can you show me where that is?</p> <p>25 Q. Page 25.</p>	<p>1</p> <p>2 so I believe this editorial board was</p> <p>3 convened by the NIH just like the last</p> <p>4 thing you showed me on talc was convened</p> <p>5 of those eight agencies, you know. That</p> <p>6 agency is not making the statement. They</p> <p>7 convene a board in the same way. This is</p> <p>8 common.</p> <p>9 Q. Understand.</p> <p>10 And just above that "Reviewers</p> <p>11 and Update" it also states that it does</p> <p>12 not provide formal guidelines or</p> <p>13 recommendations for making healthcare</p> <p>14 decisions.</p> <p>15 That's what it states, correct?</p> <p>16 A. Yes.</p> <p>17 Q. On the next page, 26, it says:</p> <p>18 Some of the reference citations in this</p> <p>19 summary are accompanied by a level of</p> <p>20 evidence designation.</p> <p>21 Do you know what designation</p> <p>22 system NCI uses?</p> <p>23 A. No, I'm not exactly sure which</p> <p>24 one they use.</p> <p>25 Q. (Reading) These designations are</p>

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<p>1 2 intended to help readers assess the 3 strength of the evidence supporting the 4 use of specific interventions or 5 approaches. 6 A. Sure. 7 Q. (Reading) The PDQ Screening and 8 Prevention Editorial Board uses a formal 9 evidence ranking system in developing its 10 level of evidence designations. 11 Was there a level of evidence 12 designation attributed to the seven 13 citations accompanying the "Perineal Talc 14 Exposure"? 15 MS. DAVIDSON: So, I'm going to 16 object to this -- 17 MS. O'DELL: She's not finished 18 with her question. 19 MS. DAVIDSON: Yes, she was. 20 She's done. 21 MS. O'DELL: I think you cut her 22 off at the end. 23 MS. THOMPSON: You did. 24 MS. DAVIDSON: I did not cut her 25 off. Her question was done.</p>	<p>1 2 who wrote the updated. 3 BY MS. THOMPSON: 4 Q. But continue, Dr. Holcomb. 5 A. To be fair, I -- you said that 6 they only mentioned a few studies, and I 7 think if they convened an editorial board 8 to review this topic and these are the 9 studies that they chose, yeah, I'm going 10 to assume that they considered the highest 11 level of evidence. I don't think that 12 they would choose lower evidence studies 13 and leave off the high evidence studies to 14 reach their conclusion. 15 Q. Okay. 16 So you would assume that the 17 seven studies that they decided to include 18 were high level studies? 19 A. I think that they -- you know, I 20 think what a lot of times these 21 organizations do, and -- and Burke did it 22 as well you'll see when you get to that 23 appendix, they -- they will look at pooled 24 analysis and meta-analysis in the -- I 25 think in the essence of time, they're</p>
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<p>1 2 I'm going to object to these 3 questions for the same reason Leigh 4 objected when I asked questions just 5 like about 2019 because this was a 6 question that could have been asked in 7 2019. 8 MS. THOMPSON: Okay. I was 9 trying to give Dr. Holcomb a 10 background for the question I have 11 about the updated PDQ. 12 MS. DAVIDSON: That wasn't 13 background. That was a question. 14 MS. THOMPSON: It was, as to the 15 whether the level of evidence was 16 applied to the seven references in the 17 March '24 updated PDQ. 18 MS. DAVIDSON: That question 19 about levels of evidence could have 20 been asked in 2019. 21 MS. THOMPSON: But I'm asking if 22 these were applied to the -- the 23 levels of evidence. I assume that he 24 would want to know that the PDQ does 25 apply levels of evidence, and as to</p>	<p>1 2 looking at these pooled studies to come up 3 with a -- with a recommendation. But I 4 don't see a specific attribution of a 5 level of evidence. 6 Q. Okay. That was just my 7 question. 8 Have you ever been on the NCI 9 board? 10 A. No. 11 Q. Have you had a leadership 12 position in SGO or ACOG since 2019? 13 A. Yes. 14 Q. What position? 15 A. I was the chair of the Coding 16 and Reimbursement Task Force at SGO. 17 Q. Was that on your CV? 18 A. Yeah. 19 Q. Missed it. 20 If there was a member of the 21 editorial board that has knowledge of how 22 these topics are assigned and stated that 23 there's one person assigned to write this, 24 would you have any reason to question 25 that?</p>

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<p>1 2 A. I'm sorry, can you repeat the -- 3 MS. DAVIDSON: Objection. 4 A. -- question? 5 Q. Yeah, it was confusing. 6 If there was a member of the 7 editorial board that has knowledge of how 8 these topics are assigned and that person 9 states that they're assigned to one person 10 to write, would you have reason to 11 question that knowledge? 12 MS. DAVIDSON: Objection. 13 A. I -- I really don't understand. 14 Would I have reason to question 15 who they assign to write this? 16 Q. That one person wrote it, not 17 that the editorial board convened and 18 writing it collectively. 19 A. I'm sure the editorial board 20 reviewed it together, but if one person is 21 assigned to actually write the draft, no, 22 that makes sense. That seems like the 23 more efficient way to do it. 24 Q. Okay. That's only my question. 25 A. I'm just answering your</p>	<p>1 2 last few months. 3 So you can ask about Woolen. 4 Have at it. 5 And I think maybe the 6 published -- 7 MS. THOMPSON: O'Brien is on 8 there as well. 9 MS. DAVIDSON: The published 10 Tarer. Wasn't the published Tarer 11 after 2019? I think it was. 12 MS. O'DELL: So, there are 13 several studies that are after 2019, 14 as you know. So not just Woolen. 15 MS. DAVIDSON: Great. 16 MS. O'DELL: But I think on here 17 it's Woolen. 18 No, it's not. 19 MS. DAVIDSON: Okay, great. 20 MS. O'DELL: And the difference 21 in the situation is Dr. Holcomb, as 22 you know, was not deposed in 2021. He 23 was not deposed -- 24 MS. DAVIDSON: That's what I'm 25 saying, anything after 2019.</p>
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<p>1 2 question. 3 MS. THOMPSON: Jessica, you 4 really don't have to laugh when you 5 object. I think that's disrespectful. 6 BY MS. THOMPSON: 7 Q. Okay. Let's go through the 8 papers that the editorial board actually 9 cites. 10 MS. DAVIDSON: We're only going 11 to go through papers after 2019. 12 MS. THOMPSON: We're going 13 through the ones that are cited by the 14 updated NCI. 15 MS. DAVIDSON: No, we're only 16 going to go through the ones after 17 2019. That was the rule that we went 18 by when I was deposing plaintiff's 19 experts. 20 MS. THOMPSON: You are saying 21 that -- 22 MS. DAVIDSON: Yep, that's what 23 I was limited to. 100 percent I was 24 limited to only papers after 2019 in 25 deposition after deposition over the</p>	<p>1 2 MS. O'DELL: So I'm just saying 3 your recitation is incorrect. 4 MS. DAVIDSON: It's not a 5 different situation. You also had 6 somebody who wasn't deposed since 7 2019. 8 Was Clarke-Pearson since 2019? 9 MS. O'DELL: No. 10 MS. THOMPSON: No. He had two 11 whole days in 2020. 12 MS. O'DELL: He's been deposed 13 multiple times. 14 MS. DAVIDSON: It was somebody 15 else. 16 Mormon. It was Mormon who also 17 hasn't been deposed since 2019. 18 BY MS. THOMPSON: 19 Q. Let's look at the O'Brien paper 20 in 2020, Dr. Holcomb, is since you were 21 deposed the last time, correct? 22 A. Which paper? 23 Q. The O'Brien to Roger Harris in 24 2020. We're going to talk about that 25 separately.</p>

<p style="text-align: right;">Page 210</p> <p>1</p> <p>2 MS. THOMPSON: But let's talk</p> <p>3 about the Woolen paper.</p> <p>4 (Holcomb Exhibit 19, Woolen</p> <p>5 article - 2022, was marked for</p> <p>6 identification, as of this date.)</p> <p>7 BY MS. THOMPSON:</p> <p>8 Q. The Woolen paper was published</p> <p>9 in the Journal of Internal Medicine,</p> <p>10 correct?</p> <p>11 A. Correct.</p> <p>12 Q. That's a peer-reviewed journal,</p> <p>13 correct?</p> <p>14 A. It is.</p> <p>15 Q. Do you know of Dr. Smith-Bindman?</p> <p>16 A. No.</p> <p>17 Q. Have you read any of her other</p> <p>18 studies, that you're aware of?</p> <p>19 A. Not that I'm aware of, no.</p> <p>20 Q. Are you aware of the paper that</p> <p>21 concluded that --</p> <p>22 A. We're not talking about Woolen</p> <p>23 anymore? We're talking about a different</p> <p>24 paper?</p> <p>25 Q. I'm talking about Dr.</p>	<p style="text-align: right;">Page 212</p> <p>1</p> <p>2 the authors' conclusion right now.</p> <p>3 A. That was their conclusion.</p> <p>4 Q. And the authors at least stated</p> <p>5 that the results support women avoiding</p> <p>6 the frequent use of talcum powder in the</p> <p>7 perineal area, the authors' conclusions,</p> <p>8 correct?</p> <p>9 MS. DAVIDSON: Are you pointing</p> <p>10 to specific language?</p> <p>11 A. I don't have the exact -- do you</p> <p>12 have it?</p> <p>13 Q. You should have it.</p> <p>14 MS. O'DELL: It was just marked.</p> <p>15 A. This is it. Thank you.</p> <p>16 Q. And the last sentence: These</p> <p>17 results support women avoiding the --</p> <p>18 A. This suggests.</p> <p>19 Q. I'm just reading.</p> <p>20 A. And your statement was where?</p> <p>21 Q. I'm looking at the Conclusions</p> <p>22 and Implications, the last sentence.</p> <p>23 A. Conclusions and Implications.</p> <p>24 Q. And my question is these authors</p> <p>25 concluded that these results support women</p>
<p style="text-align: right;">Page 211</p> <p>1</p> <p>2 Smith-Bindman.</p> <p>3 A. Okay. You jumped.</p> <p>4 Q. Are you aware of the paper that</p> <p>5 established that ultrasound was, routine</p> <p>6 ultrasound was not indicated in ovarian</p> <p>7 cancer?</p> <p>8 MS. DAVIDSON: Objection.</p> <p>9 A. I'm not familiar with the paper</p> <p>10 you're describing.</p> <p>11 Q. Okay. We'll move on.</p> <p>12 A. Okay.</p> <p>13 Q. So, the Woolen paper looked at</p> <p>14 frequent users of talcum powder, correct?</p> <p>15 A. By their definition, yes.</p> <p>16 Q. And it included both cohort and</p> <p>17 case-control studies, correct?</p> <p>18 A. Correct.</p> <p>19 Q. And the paper concluded that</p> <p>20 there was an increased risk of ovarian</p> <p>21 cancer with women who used talcum powder,</p> <p>22 correct?</p> <p>23 A. Yes. By their definition of</p> <p>24 frequent.</p> <p>25 Q. Right. We're just talking about</p>	<p style="text-align: right;">Page 213</p> <p>1</p> <p>2 avoiding the frequent use of talcum powder</p> <p>3 in the perineal area.</p> <p>4 A. I'm just looking for that. I</p> <p>5 don't -- I'm looking for where you're</p> <p>6 getting that from.</p> <p>7 MS. DAVIDSON: On the very last</p> <p>8 page.</p> <p>9 THE WITNESS: Last page of the</p> <p>10 paper.</p> <p>11 BY MS. THOMPSON:</p> <p>12 Q. Of the paper.</p> <p>13 A. I'm sorry.</p> <p>14 Right. In this analysis of</p> <p>15 pooled data from ten case-control studies</p> <p>16 and a single cohort study, yes, they</p> <p>17 reached that conclusion based on that,</p> <p>18 right.</p> <p>19 Q. That's my only question.</p> <p>20 And you would disagree with that</p> <p>21 policy?</p> <p>22 A. Well, I -- I have a lot of</p> <p>23 problems with the paper itself.</p> <p>24 Q. I'm not asking you a question</p> <p>25 about your problems with the paper.</p>

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<p>1</p> <p>2 A. You just asked me --</p> <p>3 MS. DAVIDSON: Hold on. He was</p> <p>4 in the middle of a sentence and you</p> <p>5 interrupted him. You just can't do</p> <p>6 that. And Leigh wouldn't ever, ever</p> <p>7 let me do that when your witnesses</p> <p>8 were testifying. And I got exercised</p> <p>9 just like you did.</p> <p>10 So let's let Dr. Holcomb finish</p> <p>11 answering the question.</p> <p>12 You were saying you have a lot</p> <p>13 of problems. Finish your answer.</p> <p>14 A. Yeah, whether or not these</p> <p>15 conclusions are valid is based on this</p> <p>16 study I would disagree with the</p> <p>17 conclusions because of all the falsehood</p> <p>18 that I have with the study.</p> <p>19 Q. And I'll strike that answer</p> <p>20 because my question was did the authors</p> <p>21 conclude?</p> <p>22 A. The authors did conclude that.</p> <p>23 Q. And you would disagree with that</p> <p>24 conclusion, correct?</p> <p>25 A. For all the reasons I just</p>	<p>1</p> <p>2 MS. DAVIDSON: So, I'm not his</p> <p>3 counsel. I'm counsel for J&J.</p> <p>4 And I never said that. But we</p> <p>5 can continue.</p> <p>6 MS. THOMPSON: Counsel sitting</p> <p>7 beside you.</p> <p>8 We'll mark the O'Brien 2020</p> <p>9 paper.</p> <p>10 (Holcomb Exhibit 20, O'Brien</p> <p>11 article - 2020, was marked for</p> <p>12 identification, as of this date.)</p> <p>13 MS. THOMPSON: And we'll mark</p> <p>14 the tables accompanying the O'Brien</p> <p>15 2020 paper as Exhibit 21.</p> <p>16 (Holcomb Exhibit 21, Woolen</p> <p>17 article tables, was marked for</p> <p>18 identification, as of this date.)</p> <p>19 BY MS. THOMPSON:</p> <p>20 Q. If you look at the authors of</p> <p>21 this paper, there are ten authors. Katie</p> <p>22 O'Brien is the lead author.</p> <p>23 Where does Katie O'Brien work,</p> <p>24 do you know?</p> <p>25 A. It says she's the epidemiology</p>
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<p>1</p> <p>2 stated.</p> <p>3 Q. Okay.</p> <p>4 All right. Let's go to the</p> <p>5 O'Brien studies.</p> <p>6 And you did review the O'Brien</p> <p>7 paper in 2020, correct?</p> <p>8 A. Correct.</p> <p>9 Q. And the O'Brien paper in 2024?</p> <p>10 A. Correct.</p> <p>11 Q. And so those are both since</p> <p>12 you've been deposed, correct?</p> <p>13 A. Correct.</p> <p>14 Q. And those are both included in</p> <p>15 your updated report, correct?</p> <p>16 A. Correct.</p> <p>17 Can I put these away, or do I</p> <p>18 still need these?</p> <p>19 Q. Well, your counsel said we</p> <p>20 cannot use the information from them</p> <p>21 unless it's --</p> <p>22 A. Okay.</p> <p>23 Q. I thought it would be a fast way</p> <p>24 to look at the odds ratios of the PDQ, but</p> <p>25 we're not going to do it.</p>	<p>1</p> <p>2 branch of the National Institute of</p> <p>3 Environmental Health Sciences, Research</p> <p>4 Triangle Park, North Carolina.</p> <p>5 Q. And is the NIEHS an agency under</p> <p>6 the Health and Human Services umbrella?</p> <p>7 A. I -- I'm not sure.</p> <p>8 Q. Was NIEHS part of the</p> <p>9 interagency working group that we just</p> <p>10 looked at sponsored by FDA?</p> <p>11 A. They were.</p> <p>12 Q. And do you recognize other names</p> <p>13 as authors on this paper?</p> <p>14 A. When you say "recognize," as?</p> <p>15 Q. Do you know these other authors</p> <p>16 or recognize their names?</p> <p>17 A. No.</p> <p>18 Q. Do you know that Britton Trabert</p> <p>19 is at NIH?</p> <p>20 A. I don't know the name, so I</p> <p>21 wouldn't know where they worked.</p> <p>22 Q. And you do recognize that NIH,</p> <p>23 NCI, and other government agencies do have</p> <p>24 researchers and scientists working for the</p> <p>25 agency, correct?</p>

<p style="text-align: right;">Page 218</p> <p>1</p> <p>2 A. Yes.</p> <p>3 Q. And they do studies and publish</p> <p>4 papers, correct?</p> <p>5 A. Yes.</p> <p>6 Q. And what is the O'Brien study?</p> <p>7 How would you describe it?</p> <p>8 A. I would disguise -- describe it</p> <p>9 as a pooled analysis from four large</p> <p>10 U.S.-based cohorts, the Nurses' Health</p> <p>11 Study, the Nurses' Health Study 2, the</p> <p>12 Sister Study, and the Women's Health</p> <p>13 Initiative Observational Study Enrollment</p> <p>14 that looked at ever, long-term, and</p> <p>15 frequent use of powder in the genital area</p> <p>16 to look at the association of powder use</p> <p>17 in the genital area with the risk of</p> <p>18 ovarian cancer.</p> <p>19 Q. And why is it important to pool</p> <p>20 cohort studies?</p> <p>21 A. It increases the number of -- of</p> <p>22 observations and, sort of, strengthens the</p> <p>23 study by increasing the numbers.</p> <p>24 Q. Would you agree that cohort</p> <p>25 studies, particularly with a rare disease</p>	<p style="text-align: right;">Page 220</p> <p>1</p> <p>2 issue when you have a condition that</p> <p>3 you're looking at like ovarian cancer,</p> <p>4 which you describe as a relatively rare</p> <p>5 disease, right?</p> <p>6 A. Yes.</p> <p>7 Q. So let's go ahead and look at</p> <p>8 the tables.</p> <p>9 Supplementary table 1 is</p> <p>10 Exhibit 21.</p> <p>11 A. I'm sorry?</p> <p>12 Q. Underneath you.</p> <p>13 A. Yes.</p> <p>14 Q. And I didn't intentionally</p> <p>15 highlight it, but it is.</p> <p>16 And it looks at all women. And</p> <p>17 the hazard ratio with daily users is 1.27.</p> <p>18 That's statistically</p> <p>19 significant, correct?</p> <p>20 A. Yes.</p> <p>21 Q. Was Ms. Gallardo a daily user?</p> <p>22 A. I have to go back to my report.</p> <p>23 I know she said about --</p> <p>24 Q. We can do that when we talk</p> <p>25 about her specifically if you don't</p>
<p style="text-align: right;">Page 219</p> <p>1</p> <p>2 like ovarian cancer, are frequently</p> <p>3 underpowered?</p> <p>4 A. Frequently underpowered.</p> <p>5 MS. DAVIDSON: Objection.</p> <p>6 A. Yeah, I would say power is a</p> <p>7 concern of cohort studies. I don't know</p> <p>8 if I would say they're frequently</p> <p>9 underpowered. I would say power is a</p> <p>10 concern of cohort studies because they</p> <p>11 tend to be smaller.</p> <p>12 Q. Okay. I'll rephrase the</p> <p>13 question. That's a good point.</p> <p>14 Is power sometimes a concern</p> <p>15 with cohort studies?</p> <p>16 MS. DAVIDSON: Objection.</p> <p>17 A. Yes.</p> <p>18 Q. And did you understand my</p> <p>19 question?</p> <p>20 A. I did.</p> <p>21 Q. That was better than the</p> <p>22 previous one?</p> <p>23 A. Yes.</p> <p>24 Q. Thank you.</p> <p>25 And that becomes more of an</p>	<p style="text-align: right;">Page 221</p> <p>1</p> <p>2 remember.</p> <p>3 A. I don't specifically remember.</p> <p>4 Q. And women with patent fallopian</p> <p>5 tubes daily users, what was the adjusted</p> <p>6 hazard ratio?</p> <p>7 A. It's 1.4.</p> <p>8 Q. Statistically significant,</p> <p>9 correct?</p> <p>10 A. Correct.</p> <p>11 Q. Dr. Holcomb, that's of interest</p> <p>12 to you, correct?</p> <p>13 A. Yes.</p> <p>14 Q. Did Ms. Gallardo have patent</p> <p>15 fallopian tubes, or do you remember?</p> <p>16 A. She did.</p> <p>17 And, yes, this is from the first</p> <p>18 Nurses' Health Study, yes.</p> <p>19 MS. THOMPSON: I'd like for you</p> <p>20 to look at Exhibit 22.</p> <p>21 (Holcomb Exhibit 22,</p> <p>22 Comment & Response Genital Powder Use</p> <p>23 and Ovarian Cancer, was marked for</p> <p>24 identification, as of this date.)</p> <p>25</p>

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<p>1 2 BY MS. THOMPSON: 3 Q. Have you seen these -- 4 A. No. 5 Q. -- Comment and Response to the 6 O'Brien 2020 paper? 7 A. No. 8 Q. Do you want to take a minute to 9 look at those? 10 A. Do you want me to look at the 11 whole thing, or is there a specific 12 area -- 13 Q. I'll ask you questions, but 14 since you have not seen this before, if 15 you'd like to look at it first, I think 16 that would be appropriate. 17 A. Sure. 18 (Witness reads document.) 19 Q. Are you ready? 20 MS. DAVIDSON: Of course not. 21 A. You want me to read this, 22 correct? 23 I have no idea what you're going 24 to ask me. 25 MS. THOMPSON: Then let's go off</p>	<p>1 2 we can make the most use of our time 3 today? 4 MS. O'DELL: I don't know that 5 that's a good idea, but if you would 6 read that during lunch. 7 THE WITNESS: Certainly. 8 MS. THOMPSON: Exhibit 23. 9 (Holcomb Exhibit 23, O'Brien 10 article - 2021, was marked for 11 identification, as of this date.) 12 BY MS. THOMPSON: 13 Q. You were aware that Dr. O'Brien 14 and her team, in addition to looking at 15 ovarian cancer, looked at uterine cancer 16 and cervical cancer, correct? 17 A. I'm not aware of this study. 18 Q. Did you know that -- 19 A. I did. I was aware that only 20 from the O'Brien study we'll get to later 21 because they included analysis on uterine 22 cancer and breast cancer. So I knew they 23 were at least looking at uterine cancer. 24 Q. And this one was published in 25 2020?</p>
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<p>1 2 the record, please, Marie. 3 MS. DAVIDSON: Wait a minute. I 4 think the rule is that you go off the 5 record if he's reading something from 6 his reliance list, but not you go off 7 the record if he's reading something 8 not on his reliance list. 9 MS. O'DELL: That's not -- 10 MS. DAVIDSON: That's how we've 11 always followed it. 12 MS. O'DELL: That's not a rule 13 I'm aware of. 14 It's 12:23. I know you have a 15 call at 12:30. Do you want to -- 16 MS. DAVIDSON: I have a better 17 idea. Why don't you question him on 18 something else, and he'll read this on 19 lunch so we can use this six minutes. 20 MS. THOMPSON: It won't take me 21 six minutes, but I'd hate to move to a 22 whole 'nother topic. 23 MS. DAVIDSON: Can you question 24 him on something else and he'll read 25 this on lunch? Is that a good idea so</p>	<p>1 2 A. I'm not -- I haven't read this 3 paper. 4 Q. Let's just read the abstract on 5 this one. 6 So you did not know that O'Brien 7 and her colleagues looked at other 8 gynecologic cancers as well as ovarian in 9 the pooled cohort study? 10 MS. DAVIDSON: Objection. That 11 misstates his testimony. He said he 12 knew they did, but he didn't read it. 13 BY MS. THOMPSON: 14 Q. I thought you said you didn't 15 know in 2020. You only knew in 2024, the 16 Sister Study. 17 A. No, that's true. I did not know 18 at the time in 2020 that they looked at 19 this. 20 Q. Okay. 21 So just so we're clear on that, 22 you did not know that Dr. O'Brien and her 23 co-authors looked at uterine cancer and 24 cervical cancer with the same pooled 25 cohort group that was published with</p>

<p style="text-align: right;">Page 226</p> <p>1</p> <p>2 ovarian?</p> <p>3 A. I was asked to review the</p> <p>4 literature to offer an opinion on ovarian</p> <p>5 cancer. So this would have been outside</p> <p>6 that opinion.</p> <p>7 So no, I was not aware.</p> <p>8 Q. And that's fine. I'm not</p> <p>9 suggesting you should have. I'm just</p> <p>10 asking if you had.</p> <p>11 But if you read the abstract,</p> <p>12 and I don't think you need to read this</p> <p>13 entire paper, but the abstract says: When</p> <p>14 powder is applied to the genital area, it</p> <p>15 has the potential to reach internal</p> <p>16 reproductive organs and promote</p> <p>17 carcinogenesis by irritating and inflaming</p> <p>18 exposed tissue.</p> <p>19 So at least these authors don't</p> <p>20 propose that as a hypothesis; they propose</p> <p>21 it as something that happens, correct?</p> <p>22 A. No, no, that's completely</p> <p>23 misunderstanding of what they're saying.</p> <p>24 Which gives me a chance to clarify I just</p> <p>25 want to say that is not what they're</p>	<p style="text-align: right;">Page 228</p> <p>1</p> <p>2 A. That's clear?</p> <p>3 Q. I want to make sure I am clear</p> <p>4 on this because I think this is important</p> <p>5 to you.</p> <p>6 So when they say: When powder</p> <p>7 is applied to the genital area, it has the</p> <p>8 potential to reach internal reproductive</p> <p>9 organs and promote carcinogenesis by</p> <p>10 irritating and inflaming exposed tissue.</p> <p>11 That's what they say, correct?</p> <p>12 A. Again they're saying the</p> <p>13 potential. That is --</p> <p>14 Q. I'm just asking if they say</p> <p>15 that.</p> <p>16 A. You're reading it and of course</p> <p>17 that's exactly what they wrote.</p> <p>18 Q. I know. I'm going to ask you</p> <p>19 follow-up questions.</p> <p>20 A. Sure. Please do.</p> <p>21 Q. I just want the record to</p> <p>22 reflect what the authors state.</p> <p>23 Would it be your opinion that</p> <p>24 that would indicate it's possible?</p> <p>25 A. In the -- yes, they're saying</p>
<p style="text-align: right;">Page 227</p> <p>1</p> <p>2 saying. That is your interpretation of</p> <p>3 this. There is a difference between</p> <p>4 possibility and plausibility. And I'm</p> <p>5 glad this came up because I -- I realized</p> <p>6 earlier when we were speaking about this,</p> <p>7 they're saying it has the potential. That</p> <p>8 means it's possible to do these things.</p> <p>9 Earlier you asked me about</p> <p>10 things that are plausible and I said</p> <p>11 anything's plausible, and I misspoke</p> <p>12 because anything's possible, but plausible</p> <p>13 comes with proof.</p> <p>14 So when they said it has the</p> <p>15 potential, once you have an open system,</p> <p>16 anything has the potential of getting</p> <p>17 there. Whether it's plausible is based on</p> <p>18 the data. So you can say talc has the</p> <p>19 possibility of getting to the ovaries, the</p> <p>20 possibility of causing inflammation,</p> <p>21 possibility of causing ovarian cancer, and</p> <p>22 then you do studies and determine whether</p> <p>23 that's plausible. So they're only talking</p> <p>24 about the potential.</p> <p>25 Q. Okay.</p>	<p style="text-align: right;">Page 229</p> <p>1</p> <p>2 that it is possible. It has the potential</p> <p>3 because it's an open system.</p> <p>4 Q. And I'm just wanting your</p> <p>5 answer. I'm not wanting you to say one</p> <p>6 thing or another.</p> <p>7 Do you understand that? Because</p> <p>8 I feel like you feel like I'm arguing with</p> <p>9 you.</p> <p>10 A. No, no, you have to acknowledge</p> <p>11 the fact that you started off by wanting</p> <p>12 me to agree with you that these authors</p> <p>13 believe that this happened. I don't know</p> <p>14 how you came to that conclusion from what</p> <p>15 they wrote. So it's not unreasonable for</p> <p>16 me to believe that there's certain things</p> <p>17 that you want me to say because you</p> <p>18 started off so far out there.</p> <p>19 Q. Well, it's the first sentence in</p> <p>20 the abstract.</p> <p>21 A. But you read it completely</p> <p>22 wrong. So I got to believe -- anyway, we</p> <p>23 should move on.</p> <p>24 Q. If I read it wrong, that was my</p> <p>25 mistake.</p>

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<p>1</p> <p>2 But it is the first sentence in</p> <p>3 the abstract, so I would interpret that as</p> <p>4 the authors believing that it can happen.</p> <p>5 A. If they believed -- they're</p> <p>6 saying potential.</p> <p>7 Q. Okay.</p> <p>8 A. Potential, yes.</p> <p>9 Q. That's what the authors say.</p> <p>10 A. I was just -- I don't want to</p> <p>11 speak over one another, but I just want to</p> <p>12 again say the difference between possible</p> <p>13 and plausible, I don't think I was very</p> <p>14 clear earlier, and I just want to use this</p> <p>15 opportunity to say I believe that yes,</p> <p>16 they're saying it's possible. I don't</p> <p>17 think that they're saying from that</p> <p>18 statement it's plausible.</p> <p>19 Q. Okay. And I was going to ask</p> <p>20 you that exact question.</p> <p>21 So in Dr. Holcomb's mind, you</p> <p>22 would say that statement means it's</p> <p>23 possible, but not plausible?</p> <p>24 A. They're not saying whether it's</p> <p>25 plausible. They're just saying it's</p>	<p>1</p> <p>2 abstract, and this is all we're going to</p> <p>3 do, they found that there was no</p> <p>4 association between ever genital area</p> <p>5 powder use and a uterine cancer, correct?</p> <p>6 It's a ratio of 1.01 and not statistically</p> <p>7 significant?</p> <p>8 A. That's true.</p> <p>9 Q. And so you would agree that</p> <p>10 there's no association from their uterine</p> <p>11 cancer paper, correct?</p> <p>12 A. I would agree.</p> <p>13 MS. THOMPSON: All right.</p> <p>14 MS. DAVIDSON: Lunch?</p> <p>15 (Luncheon recess taken.)</p> <p>16 - - -</p> <p>17 A F T E R N O O N S E S S I O N</p> <p>18 - - -</p> <p>19 MS. THOMPSON: I want to correct</p> <p>20 one thing for the record. Exhibit 21</p> <p>21 I believe I said those were O'Brien</p> <p>22 tables. I just want to correct that</p> <p>23 those are actually tables from Woolen.</p> <p>24 THE WITNESS: I see.</p> <p>25 MS. THOMPSON: And I don't need</p>
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<p>1</p> <p>2 possible.</p> <p>3 Q. Okay.</p> <p>4 A. It's my opinion that the</p> <p>5 literature does not support that it's</p> <p>6 plausible.</p> <p>7 Q. Okay.</p> <p>8 So they're saying it's possible,</p> <p>9 but you do not think they would say it was</p> <p>10 plausible, or you're just not saying it's</p> <p>11 plausible?</p> <p>12 MS. DAVIDSON: Objection.</p> <p>13 A. They're not saying either way</p> <p>14 whether they consider it plausible. I'm</p> <p>15 telling you that it's my opinion that it's</p> <p>16 not.</p> <p>17 Q. Okay. It's your opinion that</p> <p>18 it's not plausible?</p> <p>19 A. They're not offering an opinion</p> <p>20 on whether it's plausible. They don't use</p> <p>21 the word "plausible." They say</p> <p>22 "potential."</p> <p>23 Q. Okay. We'll just leave it at</p> <p>24 what they say.</p> <p>25 And then if you go down in the</p>	<p>1</p> <p>2 to ask any additional questions. I</p> <p>3 think it's just the data, but I did</p> <p>4 want to correct that.</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. When we left off, I believe we</p> <p>7 were going to talk about the letters in</p> <p>8 reply on the O'Brien 2020 paper.</p> <p>9 If recall bias existed, why was</p> <p>10 the association stronger for particular</p> <p>11 histologic types of ovarian cancer and no</p> <p>12 association seen with cornstarch use in</p> <p>13 one case-control study?</p> <p>14 A. So, I'm not familiar with the</p> <p>15 one --</p> <p>16 MS. DAVIDSON: Objection.</p> <p>17 THE WITNESS: Sorry.</p> <p>18 MS. DAVIDSON: Go ahead.</p> <p>19 A. I'm not familiar with the one</p> <p>20 case-control study. But my review of the</p> <p>21 literature, the case-control studies have</p> <p>22 come to different conclusions about what</p> <p>23 histologic types are at increased risk.</p> <p>24 There's been studies that said mainly</p> <p>25 serous. There's been studies that said</p>

<p style="text-align: right;">Page 234</p> <p>1</p> <p>2 it's mainly -- a study at least saying</p> <p>3 mucinous or endometrioid. So it hasn't</p> <p>4 been consistent as far as the cell type</p> <p>5 that's consistent with talc.</p> <p>6 Q. Have you seen any articles that</p> <p>7 show a statistically significant increase</p> <p>8 with mucinous ovarian cancer?</p> <p>9 A. Yes. I mention in my report.</p> <p>10 Let me go back to it. I've got to go find</p> <p>11 it.</p> <p>12 (Pause.)</p> <p>13 Yeah, there's Mills 2004.</p> <p>14 Q. Any others that you're aware of?</p> <p>15 A. No.</p> <p>16 Q. Any other meta-analyses?</p> <p>17 A. Meta-analysis on mucinous?</p> <p>18 Q. Meta-analyses that found an</p> <p>19 increased risk of mucinous cancer.</p> <p>20 A. No. That's just the one I</p> <p>21 noticed. I don't know there are others.</p> <p>22 That's the one I cited.</p> <p>23 Q. Wouldn't you agree that if</p> <p>24 recall bias was responsible for the</p> <p>25 increased risk, that it would not -- you</p>	<p style="text-align: right;">Page 236</p> <p>1</p> <p>2 Cramer and Gertig believe serous. Harlow</p> <p>3 identified endometrioid tumors as being</p> <p>4 the largest association, and I believe</p> <p>5 we're going to talk about Harlow in a bit.</p> <p>6 And then Mills said mucinous. So I'm</p> <p>7 saying it isn't consistent.</p> <p>8 Q. I said if there was a finding.</p> <p>9 Listen to the question.</p> <p>10 I said if there was a finding,</p> <p>11 if there were differences between</p> <p>12 histologic types, then recall bias would</p> <p>13 not be --</p> <p>14 A. So you --</p> <p>15 Q. You could not blame recall bias</p> <p>16 for the case-control increased risk.</p> <p>17 A. I just want to make sure I'm</p> <p>18 clear. You'd like me to say in a world</p> <p>19 where the literature doesn't have what the</p> <p>20 literature has, where there are different</p> <p>21 studies saying different histologic types,</p> <p>22 you could not explain it completely with</p> <p>23 recall bias.</p> <p>24 So you're saying in that</p> <p>25 universe where that was the case? Yes.</p>
<p style="text-align: right;">Page 235</p> <p>1</p> <p>2 would not be able to distinguish between</p> <p>3 different types of cancers, right?</p> <p>4 MS. DAVIDSON: Objection.</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. Different types of ovarian</p> <p>7 cancer.</p> <p>8 A. No, the -- there could be recall</p> <p>9 bias in addition to covariants that could</p> <p>10 be impacting, and how those could interact</p> <p>11 I don't know.</p> <p>12 So, you know, I wouldn't</p> <p>13 necessarily agree with that.</p> <p>14 Q. I think if I didn't say I meant</p> <p>15 to say recall can't be totally</p> <p>16 responsible --</p> <p>17 A. No.</p> <p>18 Q. -- for the case-control findings</p> <p>19 if there's a clear-cut difference between</p> <p>20 histologic types, right?</p> <p>21 MS. DAVIDSON: Objection.</p> <p>22 A. Yeah, I want to go back to that</p> <p>23 clear-cut difference between histologic</p> <p>24 types again.</p> <p>25 I just gave you all -- it's</p>	<p style="text-align: right;">Page 237</p> <p>1</p> <p>2 MS. DAVIDSON: Objection;</p> <p>3 incomplete hypothetical.</p> <p>4 BY MS. THOMPSON:</p> <p>5 Q. First of all, I don't want you</p> <p>6 to say anything.</p> <p>7 A. No, no, you want me to answer --</p> <p>8 MS. O'DELL: Please, sir.</p> <p>9 THE WITNESS: I'm sorry.</p> <p>10 BY MS. THOMPSON:</p> <p>11 Q. I want you to give your opinions</p> <p>12 and answer the questions.</p> <p>13 A. But you're asking me to make an</p> <p>14 assumption. You said if there is a</p> <p>15 clear-cut difference in histologic types</p> <p>16 and I've already showed you through the</p> <p>17 data that it isn't clear-cut. You're</p> <p>18 saying that you want me to hypothesize</p> <p>19 that in that situation, recall bias</p> <p>20 couldn't explain it, and I'm just</p> <p>21 wondering why you're asking the question</p> <p>22 because I just said in the real world that</p> <p>23 we live based on the data, and I've cited</p> <p>24 them, it isn't clear-cut.</p> <p>25 Q. Has anyone in this litigation,</p>

<p style="text-align: right;">Page 238</p> <p>1</p> <p>2 that you're aware of, given an opinion</p> <p>3 that talcum powder can cause mucinous</p> <p>4 cancer, ovarian cancer?</p> <p>5 A. Has anybody?</p> <p>6 Q. In this litigation, any expert,</p> <p>7 plaintiff expert.</p> <p>8 A. I wouldn't know.</p> <p>9 My reliance list and -- and who</p> <p>10 I'm quoting, I quoted a study that did.</p> <p>11 Are you questioning whether that exists?</p> <p>12 Q. I would have to go back on</p> <p>13 Mills. I know that none of the</p> <p>14 meta-analyses or the cohort, Schildkraut,</p> <p>15 all the case controls in the last 20 years</p> <p>16 have not shown an increased risk with</p> <p>17 mucinous.</p> <p>18 A. But I'm saying that someone did</p> <p>19 a case-control study and came to the</p> <p>20 conclusion that the increased risk was</p> <p>21 most notable for mucinous. Other people</p> <p>22 did case-control studies and said it's</p> <p>23 most notable for endometrioid, and other</p> <p>24 people did studies that said it's</p> <p>25 high-grade serous, other people said it's</p>	<p style="text-align: right;">Page 240</p> <p>1</p> <p>2 powder use with a vulvar cancer?</p> <p>3 A. I'm saying I don't know if it's</p> <p>4 been studied.</p> <p>5 Q. Is there any evidence of genital</p> <p>6 talcum powder use and vaginal cancer?</p> <p>7 A. I don't know if it's been</p> <p>8 studied.</p> <p>9 Q. Is there any evidence of an</p> <p>10 association with talcum powder use and</p> <p>11 cervical cancer?</p> <p>12 A. Not that I've seen.</p> <p>13 Q. We just saw O'Brien with uterine</p> <p>14 cancer.</p> <p>15 A. That's why I answered that one</p> <p>16 differently than the others because I have</p> <p>17 seen data on that.</p> <p>18 Q. And the data that you've seen on</p> <p>19 uterine is that there is no association?</p> <p>20 A. The data I've seen, yes.</p> <p>21 Q. And with vulvar, vaginal, and</p> <p>22 cervical cancer, you don't know that it's</p> <p>23 been studied; you have not seen any</p> <p>24 studies?</p> <p>25 A. That's not what I said.</p>
<p style="text-align: right;">Page 239</p> <p>1</p> <p>2 low-grade serous.</p> <p>3 I mentioned in my report that</p> <p>4 there are distinct histologic gene</p> <p>5 mutations that define these different</p> <p>6 types. And so what -- and that was part</p> <p>7 of the reason why I just want to, on the</p> <p>8 basis of science, had doubts about one</p> <p>9 toxic, if you want to say, exposure could</p> <p>10 cause all these different types because we</p> <p>11 now understand the heterogeneous nature of</p> <p>12 epithelial ovarian cancer.</p> <p>13 Q. Are you finished?</p> <p>14 A. Yes, I am.</p> <p>15 Q. I don't believe that answered my</p> <p>16 question, but we'll go ahead and move on.</p> <p>17 Is there any evidence of</p> <p>18 association of genital talcum powder use</p> <p>19 with vulvar cancer?</p> <p>20 A. I don't know of any studies on</p> <p>21 the topic. I don't know if it's been</p> <p>22 studied.</p> <p>23 Q. So you don't know whether</p> <p>24 there's evidence, or would you say there's</p> <p>25 no evidence of an association with talcum</p>	<p style="text-align: right;">Page 241</p> <p>1</p> <p>2 Q. It's not?</p> <p>3 A. No.</p> <p>4 I said I've not seen any data on</p> <p>5 vulvar and vaginal. But you just showed</p> <p>6 me a paper before lunch that had cervix</p> <p>7 included.</p> <p>8 Q. All right.</p> <p>9 So, so far no data that you've</p> <p>10 seen on vulvar and vaginal?</p> <p>11 A. As far as I know, it's not been</p> <p>12 studied.</p> <p>13 Q. Yeah, that's all I meant.</p> <p>14 That's all I'm asking you. I'm not</p> <p>15 looking for an answer. I'm looking for an</p> <p>16 answer, but I'm not looking for a</p> <p>17 particular answer.</p> <p>18 Cervix and uterine, the data</p> <p>19 that you have seen shows no association.</p> <p>20 Would that be fair?</p> <p>21 A. That's fair.</p> <p>22 Q. Are you aware of any studies</p> <p>23 that have looked at genital talc use and</p> <p>24 bladder cancer?</p> <p>25 A. I'm not aware of any.</p>

<p style="text-align: right;">Page 242</p> <p>1</p> <p>2 Q. Are you aware of any studies</p> <p>3 that have looked at genital talcum powder</p> <p>4 use and colorectal cancer?</p> <p>5 A. I'm not aware of any.</p> <p>6 Q. Have you looked at any -- have</p> <p>7 you seen any studies that have looked at</p> <p>8 an association with genital talcum powder</p> <p>9 use and breast cancer?</p> <p>10 A. Yes.</p> <p>11 Q. And what study is that?</p> <p>12 A. O'Brien '24 included breast as</p> <p>13 well.</p> <p>14 Q. And what did O'Brien 2024 find</p> <p>15 as far as breast cancer?</p> <p>16 A. They saw no association.</p> <p>17 Q. And 2024 saw no association with</p> <p>18 uterine cancer as well, correct?</p> <p>19 A. Correct.</p> <p>20 Q. Have you seen any study showing</p> <p>21 a relationship with genital talcum powder</p> <p>22 use and non-epithelial ovarian cancer?</p> <p>23 A. I'm not aware of any data. I</p> <p>24 have not read any studies on that.</p> <p>25 Q. Are you aware of any studies on</p>	<p style="text-align: right;">Page 244</p> <p>1</p> <p>2 Dr. Cramer knows exactly where the risk</p> <p>3 would lie as far as frequency and, you</p> <p>4 know -- and so, yeah, it's probably more</p> <p>5 likely somebody with lesser frequent use</p> <p>6 might forget, but I think the -- the</p> <p>7 existence of recall bias is not made up.</p> <p>8 I think it -- I mentioned Schildkraut</p> <p>9 earlier. Yeah, and I think it's been</p> <p>10 well-studied, exactly the things that</p> <p>11 actually impact recall bias have been</p> <p>12 clearly studied and established.</p> <p>13 So I hear what Dr. Cramer's</p> <p>14 saying, but I don't know if he's trying to</p> <p>15 discount to saying recall bias doesn't</p> <p>16 really exist, or if he's saying recall</p> <p>17 bias couldn't play a role in this disease.</p> <p>18 Q. And it may be either one.</p> <p>19 But you'd agree recall bias</p> <p>20 would be more apt to occur in women who</p> <p>21 are answering an ever-use question than a</p> <p>22 daily-use question?</p> <p>23 A. What people are using daily I</p> <p>24 think could be impacted. A woman's using</p> <p>25 cornstarch daily who then remembers it</p>
<p style="text-align: right;">Page 243</p> <p>1</p> <p>2 any other types of gynecological or cancer</p> <p>3 associated with genital talcum powder use?</p> <p>4 A. I'm sorry, can you repeat the</p> <p>5 question?</p> <p>6 Q. Yeah, sure.</p> <p>7 Are you aware of any studies</p> <p>8 that show an association with genital</p> <p>9 talcum powder use and gynecological</p> <p>10 cancers other than epithelial ovarian</p> <p>11 cancer or fallopian cancer and primary</p> <p>12 perineal cancer?</p> <p>13 A. No.</p> <p>14 Q. I'm asking you questions from</p> <p>15 Dr. Cramer's comment to Dr. O'Brien's</p> <p>16 paper, and Dr. Cramer asks how would</p> <p>17 either a case or a control participant</p> <p>18 forget daily use of talc for decades, the</p> <p>19 time period of exposure in which the risk</p> <p>20 lies?</p> <p>21 Do you have an answer to Dr.</p> <p>22 Cramer?</p> <p>23 A. Well, I don't think it's likely</p> <p>24 that people would forget decades of daily</p> <p>25 use. I do think it's -- and I don't think</p>	<p style="text-align: right;">Page 245</p> <p>1</p> <p>2 being a talcum -- a talc-containing</p> <p>3 product, I could see that easily being</p> <p>4 made -- depending on, you know, the</p> <p>5 importance of what the gain was from --</p> <p>6 that's been one of the things that have</p> <p>7 been shown to impact the likelihood of</p> <p>8 there being recall bias.</p> <p>9 So I still think recall bias can</p> <p>10 explain some of the findings in</p> <p>11 case-control studies.</p> <p>12 Q. Wouldn't the use of cornstarch</p> <p>13 product reduce the incidence of ovarian</p> <p>14 cancer, not increase, if there's a recall</p> <p>15 bias question?</p> <p>16 A. But if a woman has ovarian</p> <p>17 cancer and then says, you know, "I used</p> <p>18 talcum" -- she used cornstarch, but she</p> <p>19 says later "I used talcum powder," that</p> <p>20 may have nothing to do with her cancer,</p> <p>21 but she then answers "I was using talcum</p> <p>22 powder that time," then it would go down</p> <p>23 as an exposed case.</p> <p>24 Q. Okay.</p> <p>25 Let's look at Dr. Harlow and Dr.</p>

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<p>1 2 Rothman's letter to the editor. And they 3 argue -- do you know who Dr. Rothman is in 4 particular? 5 A. Rothman, no. 6 I believe Harlow, is he an -- a 7 plaintiff's expert? 8 Q. Both of them are plaintiff 9 experts, but -- 10 A. I'm not familiar with them. 11 Q. More than plaintiff expert, Dr. 12 Harlow did publish one of the papers on 13 talc. 14 A. Yeah. 15 Q. Are you aware of that? 16 A. Yeah. 17 Q. And Dr. Rothman has written the 18 textbook on epidemiology and his name is 19 well-recognized. 20 A. Yeah, I just mentioned that 21 Harlow is one of those that said a 22 case-control study that showed 23 endometrioid adenocarcinoma was more 24 common as far as being associated with 25 talc. So I'm aware of Dr. Harlow.</p>	<p>1 2 singular study that says these things, 3 because no singular study should be 4 definitive. But if you have repeated 5 studies that don't reach that point, it 6 makes you less confident that that's a 7 real effect. If you have repeated studies 8 that are positive in this association but 9 don't reach this level of confidence that 10 you set in your paper, I didn't tell them 11 to set it, they set it, and it's not 12 reached repeatedly, that makes me lose 13 confidence in the finding. 14 Q. Okay. 15 Well, I can't show you those 16 Forrest plots, but wouldn't you also 17 expect half of the studies to show a 18 decreased risk and half show an increased 19 risk if you have 40 studies? 20 A. Not if you have recall bias. If 21 recall bias is biased towards finding a 22 difference and it's playing a role in, to 23 some degree, in a number of studies, you 24 would expect to see similar, unless some 25 populations have more, you know, a</p>
Page 247	Page 249
<p>1 2 Q. And they actually question the 3 interpretation that a 13 percent increased 4 risk of ovarian cancer among women with 5 intact genital tracts who use powder 6 should be -- they contend that a 13 7 percent increased risk in a pooled cohort 8 study should be taken as evidence of an 9 effect. 10 Do you disagree with that? 11 A. I think that a priority when you 12 set a -- a limit, and this is the 95 13 percent confidence interval limit, to say 14 I want to consider something an effect 15 when I've ruled out this finding by chance 16 down to 5 percent. I'm comfortable with 17 saying this is an effect when there's a 18 less than 5 percent or less chance that 19 this is just due by chance. That's when I 20 consider it an effect. 21 Can you discount everything? 22 No. 23 But, and again this is one of 24 the reasons why I was, sort of, going back 25 and forth earlier about pointing to a</p>	<p>1 2 susceptibility, I guess, to recall bias. 3 I don't know much about the data 4 on that. 5 Q. So you would disagree then with 6 Dr. Harlow, Murray, and Rothman that a 13 7 percent increased risk of ovarian cancer 8 among women with intact genital tracts 9 should be taken as evidence of an effect? 10 A. I think the -- you're taking one 11 bit of their argument out of the context. 12 What -- the reason why I think the -- the 13 authors question the significance of their 14 finding is, as you know, well, in the test 15 of heterogeneity, when they looked at the 16 risk of women with intact and closed 17 systems, there was no difference between 18 the two, and no statistically significant 19 difference between the two. And I think 20 that's why Dr. Harlow is saying this is 21 definitely an impact. 22 But then when you look at other 23 findings, you have to say well, did 24 that -- did the heterogeneity there, the 25 test for heterogeneity, did that increase</p>

<p style="text-align: right;">Page 250</p> <p>1</p> <p>2 your confidence in the finding or did it</p> <p>3 decrease the confidence in the findings.</p> <p>4 I would think it decreases your confidence</p> <p>5 in the findings.</p> <p>6 Q. Okay. Well, let's look at what</p> <p>7 Dr. O'Brien and Dr. Wentzensen, Dr.</p> <p>8 Wentzensen is with NIH NCI, correct, and</p> <p>9 Dr. O'Brien is with NIEHS, a division of</p> <p>10 the federal government HSS Services.</p> <p>11 And Dr. O'Brien says: We</p> <p>12 completely agree with Dr. Harlow and</p> <p>13 colleagues that our results, particularly</p> <p>14 the analyses limited to women with intact</p> <p>15 reproductive tracts, should not be</p> <p>16 discounted because of lack of statistical</p> <p>17 significance.</p> <p>18 So you're disagreeing with not</p> <p>19 only Drs. Harlow, Rothman, but you're</p> <p>20 disagreeing with Dr. O'Brien too, correct?</p> <p>21 MS. DAVIDSON: Objection.</p> <p>22 A. I think what she's saying is you</p> <p>23 shouldn't be discounted solely for a lack</p> <p>24 of significance.</p> <p>25 This is a post-hoc analysis of</p>	<p style="text-align: right;">Page 252</p> <p>1</p> <p>2 And so this whole idea of the</p> <p>3 patent track versus non-patent tracks,</p> <p>4 it's an interesting thing, and I think</p> <p>5 it's something we should include in our</p> <p>6 studies, but it's problematic. You don't</p> <p>7 know when these interruptions of the</p> <p>8 person's tract came and how it impacted</p> <p>9 exposure.</p> <p>10 Q. And that entire answer was</p> <p>11 non-responsive, but I let you finish --</p> <p>12 A. Thank you.</p> <p>13 Q. -- because I didn't ask anything</p> <p>14 about that.</p> <p>15 You think there's a difference</p> <p>16 of opinion when Dr. O'Brien says: We</p> <p>17 completely agree with Dr. Harlow.</p> <p>18 That represents a difference</p> <p>19 much opinion, in your view?</p> <p>20 A. Well, keep reading, it should</p> <p>21 not be discounted solely on the lack of</p> <p>22 statistically significant.</p> <p>23 Q. Is the word "solely" there?</p> <p>24 A. Are they saying it shouldn't be</p> <p>25 discounted on anything else?</p>
<p style="text-align: right;">Page 251</p> <p>1</p> <p>2 intact versus patent systems, but they can</p> <p>3 be discounted for other reasons outside of</p> <p>4 just the lack of significance. It can be</p> <p>5 discounted because in those women who have</p> <p>6 non-patent systems, you don't know when</p> <p>7 the systems became non-patent. You have</p> <p>8 no idea, in an exposure, when that</p> <p>9 happened. Did that just happen; did she</p> <p>10 have a hysterectomy after 25 years</p> <p>11 exposure? So you can discount it.</p> <p>12 And I think that Dr. O'Brien's</p> <p>13 being very polite to Dr. Cramer and Dr.</p> <p>14 Harlow, but I'll acknowledge that Dr.</p> <p>15 O'Brien didn't go back and change a word</p> <p>16 of the paper. It's not retracted. It's</p> <p>17 not amended. It's not changed. She</p> <p>18 clearly stands by the findings of her</p> <p>19 paper.</p> <p>20 And, you know, they hand out a</p> <p>21 difference of opinion, and I don't know if</p> <p>22 it's related to the fact that they're</p> <p>23 plaintiff's experts. But, I don't know,</p> <p>24 but there's definitely a difference of</p> <p>25 opinion there.</p>	<p style="text-align: right;">Page 253</p> <p>1</p> <p>2 Let me go back to the wording.</p> <p>3 Q. Let me read it again.</p> <p>4 MS. DAVIDSON: Well, why don't</p> <p>5 you just point him so he can follow</p> <p>6 along?</p> <p>7 MS. THOMPSON: I think he knows</p> <p>8 where it is.</p> <p>9 A. Yes, should not be discounted</p> <p>10 because of a lack of statistical</p> <p>11 significance. That's all they're saying.</p> <p>12 They're saying that is not a reason alone.</p> <p>13 That's the only thing they mention here.</p> <p>14 You can say they don't mention the word</p> <p>15 "alone," but they don't mention anything</p> <p>16 else.</p> <p>17 Q. So you're saying that what</p> <p>18 they're saying is it should be discounted,</p> <p>19 just not for a lack of statistical</p> <p>20 significance, for some other reason?</p> <p>21 A. I think they're saying you're</p> <p>22 right, a 13 percent change, and it's not</p> <p>23 statistically significant, in this one</p> <p>24 study is not a reason -- and I've already</p> <p>25 stated this earlier. It's not</p>

<p style="text-align: right;">Page 254</p> <p>1</p> <p>2 inconsistent with what I said earlier.</p> <p>3 One study should not change your mind</p> <p>4 completely about a topic. There's got to</p> <p>5 be repeated studies on the topic.</p> <p>6 There's -- I mean, we're going</p> <p>7 to get to Bradford Hill at some point, but</p> <p>8 this is what the consistently part of</p> <p>9 Bradford Hill is about. And she's saying,</p> <p>10 and being very polite to say, I'm not</p> <p>11 saying to discount this based on the lack</p> <p>12 of statistical significance. There's</p> <p>13 another study of, you know, heterogeneity,</p> <p>14 and that pokes holes in her level of</p> <p>15 confidence, I guess, in this topic.</p> <p>16 Q. Okay. Well, let's go to the</p> <p>17 next paragraph see if you still believe</p> <p>18 that.</p> <p>19 In the last sentence: We agree</p> <p>20 that the positive association among women</p> <p>21 with patent reproductive tracts is</p> <p>22 consistent with the hypothesis that there</p> <p>23 is an association between genital use and</p> <p>24 talcum powder -- sorry, genital powder use</p> <p>25 and ovarian cancer.</p>	<p style="text-align: right;">Page 256</p> <p>1</p> <p>2 that there was an increased risk among</p> <p>3 women with patent tracks and that the</p> <p>4 difference between the -- the risk between</p> <p>5 those with patent tracks and those with</p> <p>6 non-patent tracks who didn't have an</p> <p>7 increased risk was the same. So yes, and</p> <p>8 you may say well, that's contradictory;</p> <p>9 how can those two be the same. And I'm</p> <p>10 saying that that pokes holes in my</p> <p>11 confidence of the finding because those</p> <p>12 are two contradictory findings.</p> <p>13 Q. And you are aware that in all</p> <p>14 women, there was an increased risk that</p> <p>15 was 0.99 on the confidence interval, but</p> <p>16 you're still saying that was a negative</p> <p>17 result?</p> <p>18 MS. DAVIDSON: Objection.</p> <p>19 A. You said 0.99 is a increased</p> <p>20 risk?</p> <p>21 Q. No. The increased risk was --</p> <p>22 I'd have to pull that out, but it was very</p> <p>23 close to statistically significant and the</p> <p>24 risk was increased.</p> <p>25 A. Can you point to that? I want</p>
<p style="text-align: right;">Page 255</p> <p>1</p> <p>2 A. But that's just stating the</p> <p>3 obvious, right. The hypothesis is a</p> <p>4 theory. Are we -- I don't know if you</p> <p>5 agree with -- a hypothesis is a theory.</p> <p>6 It's not proven. It's a theory.</p> <p>7 She's saying that if can show an</p> <p>8 increased risk with patent, it would</p> <p>9 support, because the whole -- the whole</p> <p>10 theory of talc is based on this ability to</p> <p>11 get to the ovaries and then cause cancer</p> <p>12 and all those things, and now we're back</p> <p>13 into possible versus plausible.</p> <p>14 But, yeah, that's a obvious</p> <p>15 statement what she just said.</p> <p>16 Q. Okay. I'm not back into</p> <p>17 possible/plausible. You may be.</p> <p>18 A. I want to then.</p> <p>19 Q. But let's move on to O'Brien '24</p> <p>20 if you don't believe that.</p> <p>21 So it's your opinion that</p> <p>22 O'Brien 2020, the pooled study of cohorts,</p> <p>23 does not indicate an increased risk among</p> <p>24 women with patent reproductive track?</p> <p>25 A. I believe that O'Brien 2020 said</p>	<p style="text-align: right;">Page 257</p> <p>1</p> <p>2 to -- you're asking me to agree with the</p> <p>3 statement.</p> <p>4 Q. I want to move on, but let's</p> <p>5 look.</p> <p>6 MS. O'DELL: Exhibit 20, I</p> <p>7 believe.</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. The estimated risk of 1.08 with</p> <p>10 a 95 percent confidence interval of 0.99</p> <p>11 to 0.117. And then with patent --</p> <p>12 A. Where are we now? I'm confused.</p> <p>13 MS. O'DELL: I think it's</p> <p>14 Exhibit 20.</p> <p>15 Q. Exhibit 20.</p> <p>16 MS. O'DELL: The O'Brien papers.</p> <p>17 Q. The 2020 O'Brien paper.</p> <p>18 A. Thank you.</p> <p>19 Q. And we can just look at the</p> <p>20 abstract because both of the data points</p> <p>21 are there.</p> <p>22 (Reading) The hazard ratio ever</p> <p>23 users and never users among all cases was</p> <p>24 1.08 with a 95 percent confidence interval</p> <p>25 at 0.99 to 1.17.</p>

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<p>1</p> <p>2 A. Right.</p> <p>3 And -- and --</p> <p>4 Q. And use with -- there's no</p> <p>5 question yet.</p> <p>6 A. Sorry.</p> <p>7 Q. And the use with women with a</p> <p>8 patent reproductive tract was 1.13 with a</p> <p>9 confidence interval 1.01 to 1.26.</p> <p>10 Are you saying that the</p> <p>11 difference between those pokes holes in</p> <p>12 your confidence of the study?</p> <p>13 A. I'm saying when they did a test</p> <p>14 for interaction comparing women with and</p> <p>15 without patent -- I guess the question I</p> <p>16 would -- that I ask myself, 'cause I'm not</p> <p>17 a statistician, we've already established</p> <p>18 that. These authors went to an extra step</p> <p>19 to do a test of interaction, and you have</p> <p>20 to ask yourself why did they do that extra</p> <p>21 step? If they were so convinced with this</p> <p>22 finding, why did they go that extra step</p> <p>23 to look at interaction? Because they</p> <p>24 thought there's some chance that the</p> <p>25 finding that they're seeing may not be as</p>	<p>1</p> <p>2 A. Because I just read the</p> <p>3 conclusions and the relevance. This is</p> <p>4 the authors saying this is our conclusion</p> <p>5 and this is the relevance of all this work</p> <p>6 we just did, and if that was an important</p> <p>7 finding, I'm assuming they would say that</p> <p>8 that was a relevant finding and they would</p> <p>9 add it in the relevance statement.</p> <p>10 Q. And then you would just ignore</p> <p>11 the rest of the paper and --</p> <p>12 A. They didn't mention it.</p> <p>13 Q. I didn't finish.</p> <p>14 A. Sorry.</p> <p>15 Q. And O'Brien's reply that it was</p> <p>16 statistically significant?</p> <p>17 A. Again you're focusing on this</p> <p>18 one test and not looking at the follow</p> <p>19 tests. And I would pose the same question</p> <p>20 why do you think they did not mention it</p> <p>21 in their conclusions and relevance, and</p> <p>22 why did they do the test for</p> <p>23 heterogeneity? To look at interaction.</p> <p>24 They did the extra test because they're</p> <p>25 good scientists and they want to make sure</p>
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<p>1</p> <p>2 significant as it appears on the surface.</p> <p>3 And so they take this extra step, and they</p> <p>4 say the p-value for the interaction</p> <p>5 comparing women with and without</p> <p>6 reproductive tracts was 0.15, which was</p> <p>7 not statistically significant. And I -- I</p> <p>8 just -- I -- I assume they did that for a</p> <p>9 reason. I don't think they added that</p> <p>10 just to take up more space in the paper.</p> <p>11 Q. Is it your opinion that O'Brien</p> <p>12 and the authors of the 2020 paper do not</p> <p>13 think there's an increased risk with</p> <p>14 patent reproductive tract?</p> <p>15 A. When I go to conclusions and</p> <p>16 relevance, they don't even mention it. So</p> <p>17 I have to believe yes, that they don't</p> <p>18 believe that. Because that would be a</p> <p>19 really important thing to mention after</p> <p>20 you did all this work and then you get to</p> <p>21 your conclusion and you don't even mention</p> <p>22 it.</p> <p>23 It's not a conclusion of their</p> <p>24 study, let me just put it that way.</p> <p>25 Q. Why do you say that?</p>	<p>1</p> <p>2 that one test result is explored.</p> <p>3 And this is what people do.</p> <p>4 They don't just take one answer. They</p> <p>5 want consistency. They want to ask that</p> <p>6 question from different angles and see</p> <p>7 that they get the same answer. If you ask</p> <p>8 the question coming from the right and you</p> <p>9 get one answer and you ask it coming from</p> <p>10 the left and you get another answer, it is</p> <p>11 what it is. They raise the comment.</p> <p>12 They've then done a further test, found no</p> <p>13 statistical significance and didn't</p> <p>14 mention it in their conclusions and</p> <p>15 relevance.</p> <p>16 So when you ask me did they</p> <p>17 think that this was real, it's not</p> <p>18 mentioned in the conclusion.</p> <p>19 Q. And they don't mention in the</p> <p>20 conclusion that it's not statistically</p> <p>21 significant in the total population</p> <p>22 either, do they?</p> <p>23 A. I'm sorry, repeat that.</p> <p>24 Q. They don't mention the results</p> <p>25 of either in the conclusions?</p>

<p style="text-align: right;">Page 262</p> <p>1</p> <p>2 MS. DAVIDSON: So, wait a</p> <p>3 minute.</p> <p>4 You're looking at the conclusion</p> <p>5 of the article.</p> <p>6 You're looking at the conclusion</p> <p>7 of the abstract, and you're talking</p> <p>8 past each other.</p> <p>9 BY MS. THOMPSON:</p> <p>10 Q. Are you looking at the</p> <p>11 conclusion of the abstract?</p> <p>12 A. Yes.</p> <p>13 Q. Okay. The conclusion of the</p> <p>14 abstract is the risk among women with a</p> <p>15 patent reproductive tract was 1.13</p> <p>16 statistically significant.</p> <p>17 A. The conclusion of the abstract?</p> <p>18 Are we looking at Number 20 Exhibit?</p> <p>19 Q. Yes.</p> <p>20 A. Are you reading Conclusions and</p> <p>21 Relevance?</p> <p>22 Q. They don't -- okay. And then</p> <p>23 they say it's underpowered for a small</p> <p>24 risk, correct?</p> <p>25 A. That's a whole nother topic.</p>	<p style="text-align: right;">Page 264</p> <p>1</p> <p>2 A. They're only stating the</p> <p>3 obvious. Their study did show this small</p> <p>4 increased risk. But then again you're</p> <p>5 looking for consistency. The risk</p> <p>6 increases there. Then they did a test to</p> <p>7 look for the interaction of patency. Is a</p> <p>8 risk of increase of non-patent and the</p> <p>9 risk increase from patent different, and</p> <p>10 they said actually there is no difference</p> <p>11 between these two groups.</p> <p>12 So I'm saying for consistency's</p> <p>13 sake, if it's real, you should be able to</p> <p>14 see it no matter how you study is it. If</p> <p>15 it's real, you'll see it in case-control</p> <p>16 studies. If it's real, you'll see it in</p> <p>17 cohort studies. If it's real, you'll see</p> <p>18 it when you just look at this this way,</p> <p>19 when you do tests of heterogeneity.</p> <p>20 That's what scientists do. They look at,</p> <p>21 and that's again why I can't point to one</p> <p>22 paper as stating my feeling. I'm looking,</p> <p>23 I'm triangulating all the data, and there</p> <p>24 was a lack of consistency in that paper,</p> <p>25 and I think that's why O'Brien didn't put</p>
<p style="text-align: right;">Page 263</p> <p>1</p> <p>2 Q. Okay. We're not going to get</p> <p>3 into that topic.</p> <p>4 All right. If there's any</p> <p>5 question about what Dr. O'Brien thinks,</p> <p>6 let's go to 2024.</p> <p>7 A. Sure.</p> <p>8 Q. So, you would just discount her</p> <p>9 reply to the letters that there is a</p> <p>10 statistical increased risk and she did not</p> <p>11 think it should be discounted not being</p> <p>12 statistically significant?</p> <p>13 A. Again, I think she was</p> <p>14 acknowledging what she had already shown</p> <p>15 in her paper, and she's saying that alone</p> <p>16 should not be discounted, but in the end</p> <p>17 after further statistical testing, she did</p> <p>18 not find that as relevant. She had an</p> <p>19 opportunity to state the relevance of that</p> <p>20 finding.</p> <p>21 Q. Do you know that Wentzensen and</p> <p>22 O'Brien published a review article after</p> <p>23 this paper where they acknowledged that</p> <p>24 there was a small increased risk</p> <p>25 demonstrated?</p>	<p style="text-align: right;">Page 265</p> <p>1</p> <p>2 it in the relevance and the conclusions,</p> <p>3 and that's why I think after all that</p> <p>4 being polite and saying yes, you're right,</p> <p>5 we have all these problems with cohort</p> <p>6 studies, she did not go back and change a</p> <p>7 word of her study.</p> <p>8 MS. THOMPSON: That was</p> <p>9 non-responsive to my question.</p> <p>10 MS. DAVIDSON: Court Reporter,</p> <p>11 maybe it's just me, and if so, that's</p> <p>12 fine, but is everybody talking too</p> <p>13 fast?</p> <p>14 THE STENOGRAPHER: Yes.</p> <p>15 MS. DAVIDSON: You're asking the</p> <p>16 questions so fast I can't even hear</p> <p>17 your questions.</p> <p>18 And you're talking so fast I</p> <p>19 can't even hear your answers.</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. Would you agree that the other</p> <p>22 interpretation that Dr. Wentzensen and</p> <p>23 O'Brien took following the publication of</p> <p>24 this paper was that they're both</p> <p>25 significant, not that they're both not</p>

<p style="text-align: right;">Page 266</p> <p>1</p> <p>2 significant?</p> <p>3 A. I didn't understand your</p> <p>4 question, I'm sorry.</p> <p>5 Q. If there's no difference between</p> <p>6 the whole population and patent</p> <p>7 reproductive tracts like you're saying,</p> <p>8 that doesn't mean that patent reproductive</p> <p>9 tracts should be discounted. It could be</p> <p>10 that the ever use should be closer to the</p> <p>11 patent reproductive tract?</p> <p>12 A. I think you have to look at the</p> <p>13 sub-analysis in the big picture of what</p> <p>14 they were trying to answer. They set out</p> <p>15 to answer if we pooled all of the cohort</p> <p>16 studies, which they apparently feel are</p> <p>17 stronger studies, could you with that</p> <p>18 pooled analysis show that talc use is</p> <p>19 associated with ovarian cancer. In the</p> <p>20 end, they came to the conclusion that it</p> <p>21 was not. They mentioned that yes, maybe</p> <p>22 this is underpowered, but their conclusion</p> <p>23 was that it's not.</p> <p>24 You're now in the weeds about</p> <p>25 patent versus non-patent, but it was</p>	<p style="text-align: right;">Page 268</p> <p>1</p> <p>2 MS. O'DELL: If you have a</p> <p>3 issue, Jessica, you can deal with it</p> <p>4 on redirect.</p> <p>5 MS. DAVIDSON: No, because --</p> <p>6 MS. O'DELL: No, this is not an</p> <p>7 objection.</p> <p>8 MS. DAVIDSON: No, because</p> <p>9 Margaret said something false.</p> <p>10 Margaret said that he didn't look at</p> <p>11 the Wentzensen/O'Brien review paper,</p> <p>12 and it's on his reliance list.</p> <p>13 MS. THOMPSON: Well, I'd asked</p> <p>14 him if he did and he said no.</p> <p>15 THE WITNESS: I didn't remember.</p> <p>16 MS. THOMPSON: So I didn't give</p> <p>17 any false testimony. He may not</p> <p>18 remember looking at it.</p> <p>19 A. In the future, I will look at my</p> <p>20 reliance list.</p> <p>21 Q. Okay.</p> <p>22 A. Because clearly there's a lot of</p> <p>23 things I reviewed. So in the rapid fire</p> <p>24 of questions, I had forgot that I --</p> <p>25 Q. But my question was just did you</p>
<p style="text-align: right;">Page 267</p> <p>1</p> <p>2 overall in their opinion a trial that came</p> <p>3 to the conclusion that talc is not</p> <p>4 associated with ovarian cancer.</p> <p>5 Q. Okay. But there are -- you</p> <p>6 didn't review the Wentzensen/O'Brien paper</p> <p>7 that discussed this paper published two</p> <p>8 years later?</p> <p>9 A. No.</p> <p>10 Q. Then you would know that they</p> <p>11 concluded that it was a risk.</p> <p>12 Do they say anything in this</p> <p>13 paper about it being weak?</p> <p>14 A. What being weak?</p> <p>15 Q. The results, the association.</p> <p>16 Or are those your words in your report?</p> <p>17 A. You mean the level of</p> <p>18 association?</p> <p>19 Q. Yes.</p> <p>20 A. I don't know if they use that</p> <p>21 term. I'd have to read through it.</p> <p>22 It's probably mine.</p> <p>23 Q. Okay.</p> <p>24 All right. Let's move to 2024.</p> <p>25 MS. DAVIDSON: Wait a minute.</p>	<p style="text-align: right;">Page 269</p> <p>1</p> <p>2 review it.</p> <p>3 A. My fault.</p> <p>4 Q. Let's look at O'Brien 2024.</p> <p>5 And in the same vein --</p> <p>6 A. Do we have a copy?</p> <p>7 (Holcomb Exhibit 24, O'Brien</p> <p>8 article - 2024, was marked for</p> <p>9 identification, as of this date.)</p> <p>10 BY MS. THOMPSON:</p> <p>11 Q. Are you ready?</p> <p>12 A. Yes.</p> <p>13 Q. In the same vein of conclusions</p> <p>14 that the authors make, their conclusions</p> <p>15 are that there was a range of positive</p> <p>16 association with genital talc use and</p> <p>17 ovarian cancer between 1.17 and 3.34,</p> <p>18 correct?</p> <p>19 A. I just want to clarify.</p> <p>20 If you want to talk about the</p> <p>21 conclusions, they do say: Corrected</p> <p>22 results support a positive association.</p> <p>23 So they're saying their</p> <p>24 conclusion, yes, we can get into this</p> <p>25 further, but corrected results showed this</p>

<p style="text-align: right;">Page 270</p> <p>1</p> <p>2 positive --</p> <p>3 Q. But that's what this paper's all</p> <p>4 about, correct?</p> <p>5 A. Well, no. They included data</p> <p>6 without corrections.</p> <p>7 Q. Okay.</p> <p>8 What was the study?</p> <p>9 A. What was the study?</p> <p>10 Q. Yes.</p> <p>11 A. So, this is an update from a</p> <p>12 Sister Study. So the Sister Study, as you</p> <p>13 know, I think it was started -- they asked</p> <p>14 questions between 2003 and 2009 was the</p> <p>15 initial follow-up, but I think this is the</p> <p>16 first time where they actually included</p> <p>17 follow-up questionnaire that was sent in</p> <p>18 2017-2019.</p> <p>19 So this is an interesting</p> <p>20 statistical study because it's -- some of</p> <p>21 it it's prospective, but the most recent</p> <p>22 data is retrospective.</p> <p>23 Q. So when the authors, and we have</p> <p>24 a large array of authors again from NIH,</p> <p>25 NIEHS, when the -- and where is this paper</p>	<p style="text-align: right;">Page 272</p> <p>1</p> <p>2 differential recall would upwardly bias</p> <p>3 estimates, corrected results support a</p> <p>4 positive association between use of</p> <p>5 intimate care products, including genital</p> <p>6 talc and ovarian cancer.</p> <p>7 Are you suggesting that the</p> <p>8 authors don't believe that their paper</p> <p>9 showed a positive association between</p> <p>10 intimate care products and ovarian cancer?</p> <p>11 MS. DAVIDSON: Objection to that</p> <p>12 question.</p> <p>13 A. No. What happened in the study</p> <p>14 was that the authors had to correct</p> <p>15 because of a large amount of missing data,</p> <p>16 and they're saying based on their</p> <p>17 corrections, you see this positive</p> <p>18 association. And they believe that if you</p> <p>19 correct the way they corrected, you'll see</p> <p>20 this positive association. I believe they</p> <p>21 believe that. That's why they concluded</p> <p>22 that.</p> <p>23 Q. Okay.</p> <p>24 So you do agree that the authors</p> <p>25 believe that --</p>
<p style="text-align: right;">Page 271</p> <p>1</p> <p>2 published?</p> <p>3 A. JCO.</p> <p>4 Q. And are you familiar with the</p> <p>5 Journal of Clinical Oncology?</p> <p>6 A. Yes.</p> <p>7 Q. And it's the journal for the</p> <p>8 American Society of Clinical Oncologists,</p> <p>9 correct?</p> <p>10 A. Yes.</p> <p>11 Q. Are you a member of that group?</p> <p>12 A. No.</p> <p>13 Q. Have you been to any of their</p> <p>14 meetings?</p> <p>15 A. No.</p> <p>16 Q. Is it a well-regarded</p> <p>17 professional association of clinical</p> <p>18 oncologists?</p> <p>19 A. It is.</p> <p>20 Q. And you are a clinical</p> <p>21 oncologist, correct?</p> <p>22 A. I am.</p> <p>23 Q. Going with their conclusion,</p> <p>24 that you wanted to do with the first</p> <p>25 paper: Although results show how</p>	<p style="text-align: right;">Page 273</p> <p>1</p> <p>2 A. The authors are the ones who --</p> <p>3 Q. -- just Dr. Holcomb does not?</p> <p>4 A. The authors are the ones who</p> <p>5 came up with these corrections. You said</p> <p>6 that's what this paper's all about, but in</p> <p>7 fact, they do offer some analyses without</p> <p>8 corrected data. And unfortunately, this</p> <p>9 study, you know, you -- this is a</p> <p>10 prospective study followed women for a</p> <p>11 long time, a lot of effort. I'm sure a</p> <p>12 lot of money went into this. But</p> <p>13 unfortunately, almost a quarter of the</p> <p>14 women didn't answer the questionnaire. So</p> <p>15 there was a huge dropout of information,</p> <p>16 and this was their attempt to save this</p> <p>17 study by imputing data where it was</p> <p>18 missing or contradictory.</p> <p>19 And if you then look at their</p> <p>20 corrected model, so you have to say we</p> <p>21 agree that these are acceptable ways to</p> <p>22 handle this, you're going to find a</p> <p>23 positive association.</p> <p>24 My issues with this paper is how</p> <p>25 they went about dealing with the fact</p>

<p style="text-align: right;">Page 274</p> <p>1</p> <p>2 that, unfortunately, they lost such a</p> <p>3 large number of patients.</p> <p>4 Q. And my question didn't ask you</p> <p>5 anything about that. So I'll move to</p> <p>6 strike that answer.</p> <p>7 They state on page 13: Our</p> <p>8 findings of a positive association between</p> <p>9 genital talc use and ovarian cancer are</p> <p>10 consistent with previous studies.</p> <p>11 Do you disagree with the</p> <p>12 authors' statement?</p> <p>13 A. I'm sorry, I just want to check</p> <p>14 something.</p> <p>15 Q. Page 13, second paragraph.</p> <p>16 A. Page 13, second paragraph.</p> <p>17 It starts with "The association</p> <p>18 between genital talc"?</p> <p>19 Q. The second full paragraph: Our</p> <p>20 findings of a positive association between</p> <p>21 genital talc use and ovarian cancer are</p> <p>22 consistent with previous studies.</p> <p>23 Do you disagree with the</p> <p>24 authors' statement?</p> <p>25 A. Yeah, that's way too broad.</p>	<p style="text-align: right;">Page 276</p> <p>1</p> <p>2 this section, the hazard of prospective</p> <p>3 cohorts, so it's dealing with O'Brien</p> <p>4 2021, indicated a positive albeit small</p> <p>5 association.</p> <p>6 So I just want to say the</p> <p>7 opinion of that being small wasn't just my</p> <p>8 own. It was theirs as well.</p> <p>9 So, to go to your next question.</p> <p>10 Q. Let me respond to that.</p> <p>11 I asked you if the association</p> <p>12 was weak.</p> <p>13 A. No, small. They didn't say</p> <p>14 weak, you're right. They said small.</p> <p>15 Q. And you would just agree now</p> <p>16 that they do state in 2024 that the</p> <p>17 results in 2020 were small?</p> <p>18 A. Yes.</p> <p>19 Q. Okay.</p> <p>20 But there was positive results,</p> <p>21 correct?</p> <p>22 A. No. No. They're talking about</p> <p>23 the -- now you're using another word</p> <p>24 "positive," which they didn't say.</p> <p>25 Q. Okay.</p>
<p style="text-align: right;">Page 275</p> <p>1</p> <p>2 It's consistent with some prior studies.</p> <p>3 Q. Okay. But the authors make the</p> <p>4 statement --</p> <p>5 A. You're asking me if I agree with</p> <p>6 it.</p> <p>7 Q. And so you disagree?</p> <p>8 A. Yes. I just said I think that</p> <p>9 this is overly broad. It is consistent</p> <p>10 with some studies.</p> <p>11 Q. Okay. That was the question.</p> <p>12 A. That was the answer.</p> <p>13 Q. And then it says: Results from</p> <p>14 the previous analysis suggest age 20 to 39</p> <p>15 years may be a window of susceptibility</p> <p>16 which is consistent with previous studies</p> <p>17 that considered ages of use.</p> <p>18 Do you also disagree with that</p> <p>19 conclusion by the authors?</p> <p>20 A. Hold on one second.</p> <p>21 (Witness reads document.)</p> <p>22 I'm sorry, I have to go back to</p> <p>23 answer your question whether the</p> <p>24 association being small was my opinion or</p> <p>25 theirs. I just want to -- since we're in</p>	<p style="text-align: right;">Page 277</p> <p>1</p> <p>2 A. It's that 1.08 was the not</p> <p>3 statistically significant. So they didn't</p> <p>4 call it positive. They just said it was</p> <p>5 small.</p> <p>6 Q. They said a small risk?</p> <p>7 A. Right.</p> <p>8 Q. They didn't say it was negative</p> <p>9 or a non-risk, did they?</p> <p>10 A. They said a small, and that's</p> <p>11 the only way to describe it.</p> <p>12 Q. Okay, a small risk. All right.</p> <p>13 Let's go to the editorial that</p> <p>14 accompanied the O'Brien 2024 study. And</p> <p>15 this was written by Dr. Harris.</p> <p>16 Do you know where Dr. Harris --</p> <p>17 A. Can I get a copy of that?</p> <p>18 (Holcomb Exhibit 25, Harris</p> <p>19 article - 2024, was marked for</p> <p>20 identification, as of this date.)</p> <p>21 BY MS. THOMPSON:</p> <p>22 Q. Ready?</p> <p>23 A. No. I'm trying to remember if</p> <p>24 I've seen this before if it was on my</p> <p>25 reliance list.</p>

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<p>1 2 Q. Well, that was going to be my 3 question. 4 Have you seen this paper? 5 MS. DAVIDSON: This is the 6 editorial that accompanied O'Brien 24? 7 MS. THOMPSON: Correct. 8 MS. DAVIDSON: This is the 9 editorial that was in the same 10 journal. 11 THE WITNESS: But I don't 12 remember if I -- I don't think so. 13 BY MS. THOMPSON: 14 Q. Okay. Let's look at this paper. 15 The authors of this paper, the 16 first author is -- 17 MS. DAVIDSON: Wait a minute. 18 Do you want to read this? 19 Are you going to ask him 20 questions? 21 A. If you're about to start asking 22 me questions. 23 MS. DAVIDSON: So then why don't 24 we give him a minute. 25 MS. THOMPSON: Okay. We can go</p>	<p>1 Margaret. 2 MS. THOMPSON: Well, I feel like 3 we're in the middle of a topic area. 4 If it's only been 45 minutes, I'd 5 rather stay on. 6 MS. DAVIDSON: But if he's going 7 to read it -- 8 MS. THOMPSON: He can read it, 9 it's only two pages. 10 MS. DAVIDSON: Do you want him 11 to sit here and read it on the record? 12 MS. THOMPSON: If that's what he 13 wants to do. 14 MS. DAVIDSON: That's fine. 15 So I guess we're still on the 16 record. 17 THE WITNESS: (Witness reads 18 document.) 19 Okay. I'm ready. 20 BY MS. THOMPSON: 21 Q. This paper was discussed in Dr. 22 Wolf's expert report, was it not? 23 A. Possibly. I don't remember. 24 Q. She devoted a whole paragraph to</p>
Page 279	Page 281
<p>1 2 off the record. 3 MS. DAVIDSON: Why don't we just 4 take our break. 5 MS. THOMPSON: I'd rather move 6 on if it needs to be on the record. 7 MS. O'DELL: Just a suggestion. 8 Dr. Holcomb, you stated there 9 was a 2017 ACOG document that you rely 10 on. It's not on your materials list 11 but you rely on in this case. 12 During the break, if we're going 13 to take a little break, could you 14 provide that to us so we have an 15 opportunity to examine you on that 16 document? 17 THE WITNESS: Okay. 18 MS. O'DELL: If there is. I 19 didn't see it on the list. We haven't 20 seen it. If there is something, we'd 21 like to explore it. 22 THE WITNESS: I'll take a look 23 for it. 24 Are we taking a break now? 25 MS. O'DELL: It's up to</p>	<p>1 this paper. 2 Did you see that? 3 MS. DAVIDSON: Wait a minute. 4 MS. O'DELL: Is there an 5 objection? 6 MS. DAVIDSON: I just need to 7 think for a moment. 8 (Pause.) 9 MS. O'DELL: You may answer the 10 question. 11 MS. DAVIDSON: Plaintiff's 12 reports were due on the same day as 13 his report, right? He wouldn't have 14 seen it before he submitted his 15 report. The reports were due the same 16 day. 17 This is a trick question. 18 MS. O'DELL: That was not the 19 question. 20 MS. DAVIDSON: Okay. 21 Just it wasn't in the report, 22 the original Wolf report. 23 BY MS. THOMPSON: 24 Q. Did you know that this editorial</p>

<p style="text-align: right;">Page 282</p> <p>1</p> <p>2 journal accompanied the article?</p> <p>3 A. No, I'm not familiar with it.</p> <p>4 Well, now I'm familiar with it,</p> <p>5 so yes.</p> <p>6 Q. Did you look -- Dr. Wolf's</p> <p>7 expert report was on your amended reliance</p> <p>8 list. So you did see it, didn't you?</p> <p>9 A. I don't remember particularly</p> <p>10 whether I saw it or not.</p> <p>11 Q. But you did see her third</p> <p>12 amended expert report?</p> <p>13 A. Yes.</p> <p>14 Q. And this was discussed in that</p> <p>15 report. You don't remember seeing it</p> <p>16 though, correct?</p> <p>17 A. I -- I don't remember if I saw</p> <p>18 it or not.</p> <p>19 Q. Okay.</p> <p>20 Wouldn't it be something that</p> <p>21 would be important to you?</p> <p>22 A. I'm happy to discuss it now, if</p> <p>23 you'd like.</p> <p>24 Q. That wasn't my question.</p> <p>25 Wouldn't this, the discussion of</p>	<p style="text-align: right;">Page 284</p> <p>1</p> <p>2 A. I don't remember how many there</p> <p>3 were.</p> <p>4 Q. I believe there are two</p> <p>5 paragraphs.</p> <p>6 Okay. We'll move on.</p> <p>7 A. I think that's a good idea.</p> <p>8 Q. All right. I'll ask you some</p> <p>9 questions on this.</p> <p>10 And these authors are from</p> <p>11 reputable institutions, correct?</p> <p>12 A. Let me check and see where</p> <p>13 they're from.</p> <p>14 Q. Harvard School of Public Health,</p> <p>15 University of Washington, Fred</p> <p>16 Hutchinson's Cancer Center Seattle.</p> <p>17 A. Yes, I agree.</p> <p>18 Q. And these authors describe the</p> <p>19 findings in the paper. Going to the last</p> <p>20 paragraph on the first page, the authors</p> <p>21 state: After accounting for potential</p> <p>22 biases, O'Brien et al. report a</p> <p>23 significant increase in ovarian cancer</p> <p>24 risk for genital powder use with effect</p> <p>25 estimates that are in the range with</p>
<p style="text-align: right;">Page 283</p> <p>1</p> <p>2 this editorial in Dr. Wolf's expert</p> <p>3 report, be something important to you?</p> <p>4 A. Editorials are someone's</p> <p>5 statement of opinion. If it's of</p> <p>6 importance, not really.</p> <p>7 My opinions are based on my</p> <p>8 assessment of the literature, not</p> <p>9 someone's opinions of the literature.</p> <p>10 Q. You didn't think it would be</p> <p>11 worth reading?</p> <p>12 A. If you'd like to ask me more</p> <p>13 questions about it, I'm happy to.</p> <p>14 Q. You did not think it would be</p> <p>15 worth reading; is that correct?</p> <p>16 MS. DAVIDSON: Objection.</p> <p>17 That's absurd. He just said that he</p> <p>18 didn't remember that it existed.</p> <p>19 Like, you're just putting words</p> <p>20 in his mouth and mischaracterizing his</p> <p>21 testimony.</p> <p>22 BY MS. THOMPSON:</p> <p>23 Q. Well, there were not very many</p> <p>24 additions to Dr. Wolf's report, were</p> <p>25 there, her amended report?</p>	<p style="text-align: right;">Page 285</p> <p>1</p> <p>2 previous studies.</p> <p>3 Is that what the authors of this</p> <p>4 editorial conclude?</p> <p>5 A. Can you tell me where that comes</p> <p>6 from again? You were just reading from?</p> <p>7 Q. Last paragraph on the first</p> <p>8 page.</p> <p>9 A. Yeah, that's what they state.</p> <p>10 Q. Okay.</p> <p>11 And they also state the end of</p> <p>12 that paragraph that: Even with</p> <p>13 misreporting of the exposure, i.e. genital</p> <p>14 powder use in half the cases, a</p> <p>15 significant increase in ovarian cancer</p> <p>16 risk is still observed adding support to</p> <p>17 the plausibility of a true association</p> <p>18 between genital powder use and ovarian</p> <p>19 cancer risk.</p> <p>20 That's what these authors</p> <p>21 conclude, correct?</p> <p>22 A. After stating "while the degree</p> <p>23 of bias is unknown, the reader can make</p> <p>24 their own assessment about the reasonable</p> <p>25 range of realistic risk based on the</p>

<p style="text-align: right;">Page 286</p> <p>1</p> <p>2 misclassification scenarios provided.</p> <p>3 So yes, after saying that each</p> <p>4 reader can decide whether they think</p> <p>5 there's a reasonable, they say with their</p> <p>6 corrections, that leads to the conclusion</p> <p>7 that you stated. After someone has</p> <p>8 decided that those are reasonable. And I</p> <p>9 assume they put that statement in there</p> <p>10 for a reason.</p> <p>11 Q. I just asked you if that's what</p> <p>12 the authors concluded.</p> <p>13 A. I just wanted to give a fuller</p> <p>14 picture of what they were concluding</p> <p>15 because you left out the statement right</p> <p>16 before it.</p> <p>17 Q. I could have read the entire</p> <p>18 paragraph. I'll be happy to read the</p> <p>19 entire paper if you want me to.</p> <p>20 Let's go to the takeaway.</p> <p>21 A. Sure.</p> <p>22 Q. I'll read the entire thing.</p> <p>23 Or why don't you read the entire</p> <p>24 thing?</p> <p>25 A. So, the takeaway of this</p>	<p style="text-align: right;">Page 288</p> <p>1</p> <p>2 powder use, correct?</p> <p>3 A. Yes. And I have to say this --</p> <p>4 this really decreases my confidence in</p> <p>5 their findings because based on one study</p> <p>6 with imputed data because of missing</p> <p>7 information, what they call assessing for</p> <p>8 bias is only done mainly, and they say why</p> <p>9 they're doing it. They say it's important</p> <p>10 that we do this because there was</p> <p>11 misclass -- there was contradictions,</p> <p>12 people saying they were exposed and they</p> <p>13 weren't, people saying they weren't</p> <p>14 exposed and they were, and there was a</p> <p>15 high amount of missing information. And</p> <p>16 in fact, both of those situations were</p> <p>17 more prominent in the group of women with</p> <p>18 incident cancers, and so we had to make</p> <p>19 these changes to address this.</p> <p>20 And then they're saying off of</p> <p>21 this data with these imputed scenarios</p> <p>22 that you can decide are reasonable or not,</p> <p>23 which they say, we should change practice</p> <p>24 and start telling women about the risk of</p> <p>25 talc based on this study.</p>
<p style="text-align: right;">Page 287</p> <p>1</p> <p>2 editorial, this piece --</p> <p>3 Q. You can just read it, Dr.</p> <p>4 Holcomb.</p> <p>5 A. (Reading) In the article that</p> <p>6 accompanies this editorial, O'Brien et al.</p> <p>7 use a variety of methods to address the</p> <p>8 impact of bias on the association between</p> <p>9 intimate care products and hormonal</p> <p>10 related cancers, observing that genital</p> <p>11 powder use and douching were each</p> <p>12 associated with ovarian cancer risk even</p> <p>13 after accounting for multiple bias</p> <p>14 scenarios. Given that genital powder use</p> <p>15 and douching are modifiable exposures,</p> <p>16 potentially associated with a highly fatal</p> <p>17 disease, these data suggest that people at</p> <p>18 risk for ovarian cancer, particularly</p> <p>19 those in their 20s and 30s, should be made</p> <p>20 aware of the potential risk.</p> <p>21 Q. So the authors of this editorial</p> <p>22 conclude in the takeaway that people at</p> <p>23 risk for ovarian cancer, particularly</p> <p>24 those in their 20s and 30s, should be made</p> <p>25 aware of the potential risk of talcum</p>	<p style="text-align: right;">Page 289</p> <p>1</p> <p>2 I completely disagree with that.</p> <p>3 MS. THOMPSON: And I'll object</p> <p>4 to that entire answer as being</p> <p>5 non-responsive to any question,</p> <p>6 because I just asked you what these</p> <p>7 authors concluded.</p> <p>8 Q. Are you sure it's not that</p> <p>9 you've lost confidence because they</p> <p>10 disagree with you?</p> <p>11 A. I'm sorry, say this again?</p> <p>12 Q. Did you say you lose confidence</p> <p>13 because they don't agree with Dr. Holcomb?</p> <p>14 A. I just clearly explained why I</p> <p>15 disagreed with it.</p> <p>16 Q. Then say that's not correct?</p> <p>17 A. That's not correct. But you</p> <p>18 told me that I did not answer the question</p> <p>19 you wanted and then you went and asked me</p> <p>20 the very next thing, and I'm sorry that I</p> <p>21 jumped ahead, but I went and explained why</p> <p>22 I didn't agree.</p> <p>23 Q. It wasn't the question I want.</p> <p>24 It's the question I asked. So if you just</p> <p>25 listen to the question and try --</p>

<p style="text-align: right;">Page 290</p> <p>1</p> <p>2 A. And I'll wait for it.</p> <p>3 Q. And if you have something else</p> <p>4 you want to add, you can do that when the</p> <p>5 lawyer sitting next to you asks questions,</p> <p>6 which she'll have the opportunity to do.</p> <p>7 A. Yes, ma'am.</p> <p>8 Q. I can assume that you have not</p> <p>9 changed in your practice based on the</p> <p>10 O'Brien 2024 paper or the editorial,</p> <p>11 correct?</p> <p>12 A. No.</p> <p>13 Q. And you said you weren't aware</p> <p>14 of any doctor, scientist that would advise</p> <p>15 patients not to use talc, correct?</p> <p>16 A. I said I know of no GYN</p> <p>17 oncologist that I work with or that I've</p> <p>18 trained who do this.</p> <p>19 Now, if an epidemiologist from</p> <p>20 Fred Hutchinson's Cancer Center wants to</p> <p>21 make recommendations on GYN oncology</p> <p>22 practice or gynecology practice above the</p> <p>23 recommendations of ACOG, 'cause ACOG</p> <p>24 doesn't say to ask about talc use, then</p> <p>25 that's fine. But no, I -- I don't take my</p>	<p style="text-align: right;">Page 292</p> <p>1</p> <p>2 had to impute data from missing data. And</p> <p>3 so how you could walk out of that totality</p> <p>4 of evidence saying start telling women</p> <p>5 about the risk of talc, that's what I</p> <p>6 disagree with.</p> <p>7 Q. But you will agree that there</p> <p>8 are numerous references in the</p> <p>9 epidemiological literature from many</p> <p>10 authors that express their concern and</p> <p>11 advise the public that women should be</p> <p>12 informed, or did you not see any of those?</p> <p>13 A. I have to say even O'Brien 2024,</p> <p>14 they -- they clearly state we are not</p> <p>15 saying there's a causal relationship</p> <p>16 between this and we are not implicating</p> <p>17 any given substance in causing a cancer.</p> <p>18 I mean, they go out of their way to say</p> <p>19 this.</p> <p>20 So when you say there's all</p> <p>21 these -- people have done these studies,</p> <p>22 no, I'm not aware and I think it would be</p> <p>23 inappropriate for them to walk out of this</p> <p>24 study and say you should change practice</p> <p>25 on this -- or, you know, based on this.</p>
<p style="text-align: right;">Page 291</p> <p>1</p> <p>2 lead from a sole epidemiologist from one</p> <p>3 cancer center, or even a group.</p> <p>4 Q. Let's look at these authors.</p> <p>5 Are they relying on one study, a</p> <p>6 sole cancer researcher from one center?</p> <p>7 Is that your analysis of this study?</p> <p>8 A. They feel that this study is so</p> <p>9 supportive of this concept that we should</p> <p>10 change practice.</p> <p>11 So no, I don't think that</p> <p>12 they're making this decision just on this</p> <p>13 one paper. I have to assume that it's</p> <p>14 just like I have my opinion based on the</p> <p>15 summary of the data, they're making it on</p> <p>16 a summary of the data as well. But I'd</p> <p>17 have to say I find that unreasonable given</p> <p>18 the fact that I don't see the support</p> <p>19 leading into this paper. I walk into this</p> <p>20 paper with a series of case-control</p> <p>21 studies about which half of them find a</p> <p>22 statistically significant association with</p> <p>23 ovarian cancer and the other half don't,</p> <p>24 and then a number of prospective studies</p> <p>25 that all say that they weren't before you</p>	<p style="text-align: right;">Page 293</p> <p>1</p> <p>2 And O'Brien didn't say that in</p> <p>3 their own. They say look, we're not</p> <p>4 saying that this is causal.</p> <p>5 So when you -- when you say that</p> <p>6 people should be made aware of their risk,</p> <p>7 it's assuming that you've proven that</p> <p>8 there's a risk from the use of this</p> <p>9 substance, and you can say this study</p> <p>10 found if you do these things we found</p> <p>11 this. That's not a statement of truth.</p> <p>12 That's not saying we feel that there is a</p> <p>13 causal relationship between talcum powder</p> <p>14 use and ovarian cancer. There still could</p> <p>15 be confounders.</p> <p>16 Q. There's not even a chance that</p> <p>17 there's a causal relationship, in your</p> <p>18 mind?</p> <p>19 A. There's insufficient --</p> <p>20 MS. DAVIDSON: Objection.</p> <p>21 THE WITNESS: Sorry.</p> <p>22 MS. DAVIDSON: That's</p> <p>23 mischaracterizing his testimony.</p> <p>24 MS. THOMPSON: I'm asking.</p> <p>25</p>

<p style="text-align: right;">Page 294</p> <p>1</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. Is there even a chance?</p> <p>4 A. I'm saying that there's</p> <p>5 insufficient evidence at this time to</p> <p>6 reach this conclusion that talcum powder</p> <p>7 contributes to or causes ovarian cancer.</p> <p>8 I say a hundred percent I feel that the</p> <p>9 data is insignificant -- inconclusive at</p> <p>10 this point. You could not make that</p> <p>11 reasonable -- you can't reasonably make</p> <p>12 that jump.</p> <p>13 Q. I want to ask the question</p> <p>14 again, see if you can answer it.</p> <p>15 Is there even a chance, in your</p> <p>16 opinion, that talcum powder use could</p> <p>17 cause ovarian cancer in some women?</p> <p>18 A. There is no --</p> <p>19 MS. DAVIDSON: I'm going to</p> <p>20 object. This question has been asked</p> <p>21 and answered literally 30 to 35 times</p> <p>22 today. And I'm not sure why we're</p> <p>23 doing it for a 36th.</p> <p>24 MS. THOMPSON: The record will</p> <p>25 show that that's not true.</p>	<p style="text-align: right;">Page 296</p> <p>1</p> <p>2 Dr. O'Brien, Dr. Wentzensen, this isn't</p> <p>3 the only study they published, is it?</p> <p>4 A. No.</p> <p>5 Q. All of those authors, and more</p> <p>6 on that paper, have published numerous</p> <p>7 studies on this topic, correct?</p> <p>8 A. Yes.</p> <p>9 Q. So they're not basing their</p> <p>10 opinions on one study, are they?</p> <p>11 A. In my opinion, they're basing</p> <p>12 their opinions on multiple studies that</p> <p>13 suffer from very similar weaknesses. And</p> <p>14 yes, you can do the same thing over and</p> <p>15 over again and it's not surprising that</p> <p>16 you come to the same result. If you</p> <p>17 compare 24 case-control studies and then</p> <p>18 throw in three, four cohort studies and</p> <p>19 come out with this result and then you do</p> <p>20 the same thing three years later and come</p> <p>21 out with the same result or very similar,</p> <p>22 it's not surprising.</p> <p>23 And yes, it's not the first</p> <p>24 paper they've written, but they're basing</p> <p>25 their opinions on repeated rehashing of,</p>
<p style="text-align: right;">Page 295</p> <p>1</p> <p>2 MS. DAVIDSON: If you want to go</p> <p>3 ahead and do it again.</p> <p>4 BY MS. THOMPSON:</p> <p>5 Q. I'll ask the question.</p> <p>6 A. I know the question. I can</p> <p>7 answer it.</p> <p>8 Q. Okay.</p> <p>9 A. There is no chance that you can</p> <p>10 look at the totality of the evidence and</p> <p>11 conclude that talcum powder, within a</p> <p>12 reasonable degree of medical certainty,</p> <p>13 caused somebody's ovarian cancer. I don't</p> <p>14 think that that's a reasonable thing. I</p> <p>15 don't think that anybody who looks at this</p> <p>16 totality should come to that. I think to</p> <p>17 come to that conclusion, it would really</p> <p>18 take a selective picking of the data to</p> <p>19 come to that conclusion.</p> <p>20 Q. Let's ask that same question</p> <p>21 with "could contribute," and would your</p> <p>22 answer be the same?</p> <p>23 A. Same answer.</p> <p>24 Q. Let's go to the press release.</p> <p>25 Well, these authors, Dr. Terry,</p>	<p style="text-align: right;">Page 297</p> <p>1</p> <p>2 to me, similar data with similar</p> <p>3 weaknesses.</p> <p>4 Q. And looking at the literature as</p> <p>5 a whole, there are dozens, if not</p> <p>6 hundreds, of authors on these papers that</p> <p>7 conclude that there's an association</p> <p>8 between genital talcum powder use and</p> <p>9 ovarian cancer, correct?</p> <p>10 A. They conclude in that paper --</p> <p>11 in this -- yes, they're concluding in this</p> <p>12 paper we did it. But I want to go back</p> <p>13 again to what O'Brien and -- they say.</p> <p>14 Even those -- they say exactly what you're</p> <p>15 saying. They're saying in this study, we</p> <p>16 find this. And then go out of their way</p> <p>17 to say we are not saying that there's a</p> <p>18 causal relationship between talc and</p> <p>19 ovarian cancer. And I think they go out</p> <p>20 of their way to say because they don't</p> <p>21 want their words to be misused in</p> <p>22 situations like this.</p> <p>23 Q. Okay. That's just your opinion,</p> <p>24 Dr. Holcomb. There's nothing in the</p> <p>25 article -- first of all, I didn't ask any</p>

<p style="text-align: right;">Page 298</p> <p>1</p> <p>2 question about that. But second of all,</p> <p>3 you wouldn't have any way of knowing what</p> <p>4 these authors had in their mind as to what</p> <p>5 would happen in a situation like this,</p> <p>6 would you?</p> <p>7 A. I have no idea why they would</p> <p>8 make the statement that there is no causal</p> <p>9 relationship based on the studies.</p> <p>10 Q. Have you talked to any of these</p> <p>11 authors?</p> <p>12 A. No. I'm going just on the words</p> <p>13 that they've written.</p> <p>14 Q. Or emailed any of these authors?</p> <p>15 A. I'm just going on what they</p> <p>16 wrote.</p> <p>17 Q. Have you emailed NIH, NIEHS, or</p> <p>18 any of these institutions where these</p> <p>19 authors work?</p> <p>20 A. Their papers spoke for</p> <p>21 themselves. I didn't feel that there was</p> <p>22 any additional information that I can get.</p> <p>23 They clearly stated their materials and</p> <p>24 methods. They clearly stated their</p> <p>25 background and rationale, their discussion</p>	<p style="text-align: right;">Page 300</p> <p>1</p> <p>2 that it's not an emergency.</p> <p>3 (Discussion held off the</p> <p>4 record.)</p> <p>5 THE WITNESS: Sorry about that.</p> <p>6 BY MS. THOMPSON:</p> <p>7 Q. So is it your opinion that Dr.</p> <p>8 Burke believed that talc is safe?</p> <p>9 A. It is my opinion that -- I'm not</p> <p>10 going to put words in Dr. Burke's mouth.</p> <p>11 I believe that Dr. Burke believes that the</p> <p>12 data is insufficient to conclude that</p> <p>13 talcum powder -- I believe that Dr. Burke</p> <p>14 disagrees with your experts. I believe he</p> <p>15 doesn't believe that the data supports an</p> <p>16 association or a causal relationship</p> <p>17 between talcum powder and ovarian cancer.</p> <p>18 Q. Does Dr. Burke actually state</p> <p>19 that --</p> <p>20 A. He's the first author in a paper</p> <p>21 that says this. I wouldn't be first</p> <p>22 author in a paper that made that statement</p> <p>23 and I disagreed with it.</p> <p>24 Q. Well, Dr. Burke actually states</p> <p>25 in the paper --</p>
<p style="text-align: right;">Page 299</p> <p>1</p> <p>2 sections. There was no reason for me to</p> <p>3 reach out to them.</p> <p>4 Q. Give me a name of an author that</p> <p>5 you think agrees with you on this subject.</p> <p>6 MS. DAVIDSON: Objection.</p> <p>7 BY MS. THOMPSON:</p> <p>8 Q. Any researcher, any scientist.</p> <p>9 MS. DAVIDSON: Objection.</p> <p>10 A. Okay. We mentioned the Burke</p> <p>11 study.</p> <p>12 The white paper's not a study,</p> <p>13 it's a review of the literature and comes</p> <p>14 to the conclusion that says that there's</p> <p>15 heterogeneity in the data and there's</p> <p>16 insufficient evidence to suggest that</p> <p>17 there's an association.</p> <p>18 The author who wrote, you said</p> <p>19 it's just an editorial board, but it's</p> <p>20 an -- it's a --</p> <p>21 (Phone interruption.)</p> <p>22 THE WITNESS: I'm sorry.</p> <p>23 MS. DAVIDSON: Do you need to</p> <p>24 take that?</p> <p>25 THE WITNESS: I just need to see</p>	<p style="text-align: right;">Page 301</p> <p>1</p> <p>2 MS. THOMPSON: We marked Burke,</p> <p>3 didn't we?</p> <p>4 A. Do you have the appendix?</p> <p>5 Q. I want to look at the paper</p> <p>6 first.</p> <p>7 A. But the paper has one statement,</p> <p>8 just like you said. Because you didn't</p> <p>9 go -- I know you didn't look at it because</p> <p>10 you said it doesn't say anything about</p> <p>11 talc, but if you go into the appendix,</p> <p>12 they get into it deeper. They go into the</p> <p>13 meta-analysis.</p> <p>14 Q. Yeah, and we did find that. And</p> <p>15 so you can come back with what that</p> <p>16 actually says.</p> <p>17 It's your testimony that</p> <p>18 represents the opinions of ACOG, correct?</p> <p>19 A. No, I didn't say that.</p> <p>20 MS. DAVIDSON: That's not what</p> <p>21 he said.</p> <p>22 A. I said ACOG had members on this</p> <p>23 group that was convened and it was</p> <p>24 supported by, I believe, the CDC and SGO</p> <p>25 had membership there, ACOG had membership.</p>

<p style="text-align: right;">Page 302</p> <p>1</p> <p>2 I didn't say that they spoke for the ACOG.</p> <p>3 Q. I'm sorry, I thought you were</p> <p>4 using that as evidence that ACOG had a</p> <p>5 position on talcum powder and ovarian</p> <p>6 cancer.</p> <p>7 A. No.</p> <p>8 Q. So you will agree, though, with</p> <p>9 Burke's paper the only thing that's stated</p> <p>10 is, in the paper, our review found</p> <p>11 heterogeneity in the studies on the use of</p> <p>12 talcum powder and ovarian cancer risk.</p> <p>13 Correct?</p> <p>14 A. Can you -- I've -- you're really</p> <p>15 doing a disservice to the work they did</p> <p>16 because they covered a lot of statements,</p> <p>17 and what they did was they added these</p> <p>18 appendicis to get into the meat of the</p> <p>19 topics. And you keep on going to the</p> <p>20 superficial 10,000 foot view of this one</p> <p>21 statement, and if you would once let's go</p> <p>22 and see what they say after it, 'cause</p> <p>23 they review all the data there and he says</p> <p>24 what I'm saying.</p> <p>25 MS. DAVIDSON: Doctor, it's</p>	<p style="text-align: right;">Page 304</p> <p>1</p> <p>2 MS. THOMPSON: Mark this as 26.</p> <p>3 (Holcomb Exhibit 26, ASCO press</p> <p>4 release May 15, 2024, was marked for</p> <p>5 identification, as of this date.)</p> <p>6 BY MS. THOMPSON:</p> <p>7 Q. And did you --</p> <p>8 A. I need to see it again. Just</p> <p>9 one moment.</p> <p>10 (Pause.)</p> <p>11 Q. Since you've already read this,</p> <p>12 I assume you don't need to re-read the</p> <p>13 whole thing.</p> <p>14 And ASCO, we determined, is the</p> <p>15 American Society of Clinical Oncologists,</p> <p>16 a respectable organization.</p> <p>17 A. Right.</p> <p>18 Q. And it describes the paper</p> <p>19 published by O'Brien and colleagues,</p> <p>20 correct?</p> <p>21 A. Yes.</p> <p>22 Q. And it actually interviews a</p> <p>23 doctor that was not on the paper, correct?</p> <p>24 A. Are you talking about Fumiko</p> <p>25 Chino?</p>
<p style="text-align: right;">Page 303</p> <p>1</p> <p>2 their deposition. They don't want to</p> <p>3 show it to you, it's fine.</p> <p>4 BY MS. THOMPSON:</p> <p>5 Q. I could ask the questions.</p> <p>6 A. Okay. I'm sorry, but it's like</p> <p>7 you keep saying this and that's part of</p> <p>8 the paper, the appendix is part of the</p> <p>9 paper.</p> <p>10 Q. If you want to come back to it,</p> <p>11 we can.</p> <p>12 MS. DAVIDSON: Is this a good</p> <p>13 time for a break? We can get you the</p> <p>14 ACOG thing?</p> <p>15 MS. THOMPSON: Let's just finish</p> <p>16 the O'Brien thing.</p> <p>17 BY MS. THOMPSON:</p> <p>18 Q. Did you review the press release</p> <p>19 from the American Society of Clinical</p> <p>20 Oncologists that came out the same day as</p> <p>21 the O'Brien paper?</p> <p>22 A. No.</p> <p>23 Q. Why not?</p> <p>24 A. No, I think I have seen that. I</p> <p>25 did see it.</p>	<p style="text-align: right;">Page 305</p> <p>1</p> <p>2 Q. Yes.</p> <p>3 A. Yes.</p> <p>4 Q. And Fumiko Chino states: This</p> <p>5 study underscores the potential risks</p> <p>6 associated with intimate care products,</p> <p>7 particularly genital talc. The evidence</p> <p>8 adds to a growing body of literature that</p> <p>9 suggests such products could contribute to</p> <p>10 an increased risk of ovarian cancer,</p> <p>11 especially among frequent users and those</p> <p>12 using these products in their 20s and 30s.</p> <p>13 Correct? That's what Dr. Chino,</p> <p>14 how Dr. Chino describes the study,</p> <p>15 correct?</p> <p>16 A. Dr. Chino describes the study --</p> <p>17 I have to say I found this really</p> <p>18 interesting that out of all the experts,</p> <p>19 they picked a radiologist oncologist.</p> <p>20 Radiation oncology is almost never used in</p> <p>21 ovarian cancer. So it's strange -- yes,</p> <p>22 this is what Dr. Chino says, who is</p> <p>23 someone who does not treat, I can promise</p> <p>24 you, ovarian cancer regularly because</p> <p>25 radiation is not used in ovarian cancer.</p>

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<p>1</p> <p>2 So yes, that's the statement of</p> <p>3 this ASCO expert, but I'm not sure how he</p> <p>4 became an expert in a disease that he</p> <p>5 barely treats. But yes.</p> <p>6 Q. Dr. Holcomb, I didn't ask you</p> <p>7 anything about your impression of Dr.</p> <p>8 Chino. I just asked if that was what Dr.</p> <p>9 Chino stated in this press release from</p> <p>10 ASCO.</p> <p>11 A. That is what Dr. Chino stated.</p> <p>12 Q. Okay. If we can just, kind of,</p> <p>13 stick to the questions, we've got a better</p> <p>14 chance of getting you out on time.</p> <p>15 MS. DAVIDSON: We're getting him</p> <p>16 out at seven hours, regardless of</p> <p>17 whether you like his answers or not.</p> <p>18 MS. THOMPSON: Well, then we'll</p> <p>19 come back.</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. And the takeaway from a official</p> <p>22 press release from the American Society of</p> <p>23 Clinical Oncologists, correct?</p> <p>24 A. Right.</p> <p>25 Q. That's what this is. It's a</p>	<p>1</p> <p>2 MS. THOMPSON: Well, he just</p> <p>3 started on something that there wasn't</p> <p>4 even a question on the table.</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. I asked if you knew if this was</p> <p>7 a official statement by ASCO as to their</p> <p>8 position.</p> <p>9 MS. DAVIDSON: If you want to</p> <p>10 show him something what it means that</p> <p>11 this paper says ASCO Perspective, feel</p> <p>12 free to show that to him.</p> <p>13 MS. THOMPSON: I just asked him</p> <p>14 if he knew.</p> <p>15 A. I would need to see that.</p> <p>16 Q. Okay. I don't have it with me.</p> <p>17 The main takeaway is: Genital</p> <p>18 talc was found to be positively associated</p> <p>19 with the risk of ovarian cancer across</p> <p>20 multiple scenarios even after adjusting</p> <p>21 for potential reporting biases in its</p> <p>22 classification. The association was</p> <p>23 particularly strong among women who used</p> <p>24 talc frequently or especially during</p> <p>25 periods of significant hormonal changes or</p>
Page 307	Page 309
<p>1</p> <p>2 official position in a press release of</p> <p>3 the organization.</p> <p>4 A. Where is that?</p> <p>5 Q. Have you ever seen the ASCO</p> <p>6 Perspective before?</p> <p>7 A. No, what you're saying this is</p> <p>8 an official opinion of ASCO?</p> <p>9 Q. Yes.</p> <p>10 A. Where does it say that?</p> <p>11 Q. If you look at the website,</p> <p>12 which you apparently didn't, their</p> <p>13 Perspective, the ASCO Perspective --</p> <p>14 A. Right.</p> <p>15 Q. -- is a position statement by</p> <p>16 ASCO.</p> <p>17 A. And -- and so the significance</p> <p>18 of this is that this underscores the need</p> <p>19 for further research and potential</p> <p>20 reevaluation of these products' safety.</p> <p>21 So this --</p> <p>22 Q. Let me ask the questions,</p> <p>23 please, Dr. Holcomb.</p> <p>24 MS. DAVIDSON: Please don't</p> <p>25 interrupt him.</p>	<p>1</p> <p>2 reproductive activity.</p> <p>3 So the ASCO perspective takeaway</p> <p>4 is what I just read, correct?</p> <p>5 A. From what I can gather, this is</p> <p>6 just a summary of the findings of a study.</p> <p>7 I mean, when you're saying it's the ASCO</p> <p>8 perspective, it is just what the authors</p> <p>9 said. They're just repeating back what</p> <p>10 the authors said.</p> <p>11 So I'm not sure in any way how</p> <p>12 this is ASCO weighing in.</p> <p>13 Q. Does ASCO write a perspective</p> <p>14 and do a press release on every paper</p> <p>15 published in the journal?</p> <p>16 A. No.</p> <p>17 Q. So they singled out this paper</p> <p>18 to make a statement on their perspective,</p> <p>19 ASCO perspective. It's not Dr. Chino's</p> <p>20 perspective, correct?</p> <p>21 A. It -- what I'm arguing --</p> <p>22 Q. Is that correct?</p> <p>23 A. They have stated they're just</p> <p>24 choosing. They would think this is of</p> <p>25 interest, I'm assuming. I don't know why</p>

<p style="text-align: right;">Page 310</p> <p>1</p> <p>2 they chose this, but I don't believe they</p> <p>3 chose it because they're saying as an</p> <p>4 organization we agree with this study.</p> <p>5 They clearly decided to publish it. They</p> <p>6 think it would be of public interest and</p> <p>7 of interest of scientists. They're in the</p> <p>8 business of getting people to read their</p> <p>9 journal.</p> <p>10 This is a hot topic. I would</p> <p>11 make a perspective about it too.</p> <p>12 Q. So you don't think this ASCO</p> <p>13 perspective is saying it agrees with the</p> <p>14 O'Brien study?</p> <p>15 A. No.</p> <p>16 Q. Okay. Let's continue on then.</p> <p>17 A. They're saying -- giving the</p> <p>18 findings of the study. They're not making</p> <p>19 a statement that they agree with it.</p> <p>20 Show me where it says they agree</p> <p>21 with it.</p> <p>22 Q. (Reading) These findings</p> <p>23 contribute significant insights into the</p> <p>24 ongoing debate about the safety of</p> <p>25 intimate care products and underscore the</p>	<p style="text-align: right;">Page 312</p> <p>1</p> <p>2 editorializing.</p> <p>3 BY MS. THOMPSON</p> <p>4 Q. It goes on to say: A new study</p> <p>5 published today in the Journal of Clinical</p> <p>6 Oncology provides compelling evidence that</p> <p>7 genital talc use is associated with an</p> <p>8 increased risk of ovarian cancer.</p> <p>9 You don't think it's a statement</p> <p>10 by ASCO?</p> <p>11 A. I guess it depends what you mean</p> <p>12 by "compelling."</p> <p>13 Is it interesting? I found it</p> <p>14 very interesting. I thought it was</p> <p>15 compelling, not that I was compelled to</p> <p>16 believe what they were saying, but it's</p> <p>17 sort of like how do you handle missing</p> <p>18 information in a study? What can be done</p> <p>19 when the study's been weakened by 25</p> <p>20 percent of the people not asking? And you</p> <p>21 may want to call it bias analyses, but it</p> <p>22 was done for a reason. It was done and</p> <p>23 they say themselves why they did this</p> <p>24 study, why all these things -- because</p> <p>25 keep in mind, without the corrections,</p>
<p style="text-align: right;">Page 311</p> <p>1</p> <p>2 need for further research and potential</p> <p>3 reevaluation of these products' safety.</p> <p>4 You don't think that's making a</p> <p>5 statement, ASCO is making a statement</p> <p>6 there?</p> <p>7 A. I don't think this is ASCO</p> <p>8 saying that they think that talc causes or</p> <p>9 is associated with ovarian cancer. I</p> <p>10 think they say hey, here's an interesting</p> <p>11 study. It adds important insights, more</p> <p>12 research needs to be done.</p> <p>13 More research on the topic would</p> <p>14 not need to be done if this was such a</p> <p>15 definitive study showing that talc use,</p> <p>16 particularly in women in 20s and 30s, so</p> <p>17 you -- you gave me before a opinion piece</p> <p>18 where the person reads the study and says</p> <p>19 hey, doctors need to start speaking to</p> <p>20 patients about that. These -- this piece</p> <p>21 says we need to do more research.</p> <p>22 Q. Okay. Let's keep on then if you</p> <p>23 still don't think this is a statement by</p> <p>24 ASCO.</p> <p>25 MS. DAVIDSON: Objection to the</p>	<p style="text-align: right;">Page 313</p> <p>1</p> <p>2 there was no increased risk of ovarian</p> <p>3 cancer --</p> <p>4 Q. 50 percent --</p> <p>5 A. There was no increased risk.</p> <p>6 I'm saying there was no statistically</p> <p>7 significant increased risk. In fact, it</p> <p>8 looked very much like the original Sister</p> <p>9 Study. There was a slight increased risk</p> <p>10 from then, but no statistically</p> <p>11 significant increased risk for ever users</p> <p>12 versus non-users.</p> <p>13 And then they say we have to do</p> <p>14 these special things, these scenarios to</p> <p>15 make up for the fact that we're missing so</p> <p>16 much data and the number of women with</p> <p>17 incident cancers is overrepresented in</p> <p>18 this undefined group.</p> <p>19 Now you want to sell it as well,</p> <p>20 this is all about just a bias analyses.</p> <p>21 But we know why you did these analyses.</p> <p>22 If you had had -- when Gates updated</p> <p>23 Gertig, 95 percent of the people answered</p> <p>24 the question there. They had no reason to</p> <p>25 do imputing data because people answered.</p>

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<p>1 2 They asked people before they got the 3 disease, so they didn't have to have 4 question of whether there was going to be 5 recall bias. 6 These folks did a couple of 7 things differently. I understand it's 8 compelling, it's interesting, but they 9 introduce recall bias by asking people 10 again, unsurprisingly they got 11 contradictions and then they had a huge 12 amount of missing data. And I'm just 13 saying from my opinion overall, this one 14 study can never be something that you 15 weigh that heavily. It's really 16 interesting and I find it compelling in 17 that way, but it is really to me a -- and 18 I'm sure you probably have epidemiologists 19 to discuss this further, but it's a, you 20 know, an attempt to try to salvage a study 21 where you lost a lot of information. 22 Q. Are you finished? 23 A. I am. 24 MS. THOMPSON: I'll object to 25 everything in that answer as not being</p>	<p>1 2 interrupt you. 3 A. I'm sorry. 4 Q. But we're also not -- can't 5 finish if an answer to a yes-or-no 6 question runs on for five, ten, fifteen 7 minutes. So it's in your best interests, 8 as to all of us -- 9 A. I don't think any of my answers 10 have run even close to five minutes. 11 MS. DAVIDSON: That's correct. 12 I was about to say that. 13 Is it time for a break? 14 MS. THOMPSON: Let me finish 15 with one document, please. 16 BY MS. THOMPSON 17 Q. Okay. Let's go on. 18 The extensive analysis, and this 19 is ASCO now talking, this isn't the 20 authors, is it? Is it the authors of the 21 paper? 22 A. No, ma'am. No. 23 Q. Okay. 24 This extensive analysis -- 25 A. Can you show me where you are?</p>
Page 315	Page 317
<p>1 2 responsive to the question. 3 But I'll ask another question. 4 Q. Does compelling mean interesting 5 to you in the scientific and medical 6 world? 7 A. I think in this case, they're 8 saying this is compelling in that it 9 showed a increased risk if you do these 10 things. Whether they're saying -- I don't 11 take ASCO's statement here to say we as an 12 organization agree with this. Because I 13 think it would be followed by some 14 statement like the opinion piece. I think 15 the opinion piece that you did, the 16 editorial, was someone saying, I believe 17 this, I believe this and I think there 18 should be an action attached to this. 19 ASCO is saying, We need more 20 research. And so yes, they're compelled, 21 not compelled to a point of saying we need 22 to change and start speaking to people 23 about the risk of talc. We just should be 24 compelled to do more research. 25 Q. Dr. Holcomb, I'm trying not to</p>	<p>1 2 Q. The second page top, right after 3 "compelling," which to you means 4 interesting. 5 (Reading) This extensive 6 analysis part of the Sister Study cohort 7 revisits the association between intimate 8 care products and cancer incorporating 9 rigorous adjustments for biases that might 10 have affected earlier studies. 11 That's what ASCO concludes from 12 the study, correct? 13 A. I'm not sure -- I have to go 14 back and find out what ASCO perspectives 15 are. I apologize. I don't know if this 16 is a statement on the part of ASCO. 17 Was this written by one person? 18 I -- I don't know what this means. 19 I disagree with that statement. 20 Rigorous adjustments, I'm not sure what 21 they mean by rigorous. 22 Q. Okay. Let's just move on. 23 In this paper, it mentions that 24 ASCO is supported by the research program 25 at National Institute of Environmental</p>

<p style="text-align: right;">Page 318</p> <p>1</p> <p>2 Health Sciences and National Institutes of</p> <p>3 Health at the bottom of that page,</p> <p>4 correct?</p> <p>5 A. Yes.</p> <p>6 Q. And the key findings are that</p> <p>7 genital talc use or douching weren't</p> <p>8 associated with breast and uterine cancer,</p> <p>9 correct?</p> <p>10 Under "Key Findings."</p> <p>11 No association with breast and</p> <p>12 uterine, correct?</p> <p>13 A. Yes.</p> <p>14 Q. But under "Key Findings," there</p> <p>15 was persistent positive association</p> <p>16 between genital talc use and ovarian</p> <p>17 cancer with the highest risk observed in</p> <p>18 frequent and long-term users.</p> <p>19 That's what ASCO says in this</p> <p>20 perspective, right?</p> <p>21 A. Yes. With the --</p> <p>22 Q. And released to the press --</p> <p>23 A. Yes.</p> <p>24 Q. -- as an ASCO statement,</p> <p>25 correct?</p>	<p style="text-align: right;">Page 320</p> <p>1</p> <p>2 MS. O'DELL: You've been gone 32</p> <p>3 minutes.</p> <p>4 MS. THOMPSON: You brought two</p> <p>5 documents in after the break.</p> <p>6 MS. DAVIDSON: Really?</p> <p>7 THE WITNESS: What time did we</p> <p>8 leave?</p> <p>9 MS. THOMPSON: 2:36.</p> <p>10 THE WITNESS: I apologize.</p> <p>11 MS. DAVIDSON: Well, I had</p> <p>12 someone print those. I guess it took</p> <p>13 longer than I thought.</p> <p>14 MS. THOMPSON: We'll mark this</p> <p>15 2017 ACOG document titled "Talc Use</p> <p>16 and Ovarian Cancer."</p> <p>17 (Holcomb Exhibit 27, ACOG Talc</p> <p>18 Use and Ovarian Cancer - September 11,</p> <p>19 2017, was marked for identification,</p> <p>20 as of this date.)</p> <p>21 MS. THOMPSON: And the</p> <p>22 Exhibit 28 will be ACOG titled</p> <p>23 "Ovarian Cancer."</p> <p>24 (Holcomb Exhibit 28, ACOG</p> <p>25 Ovarian Cancer Frequently Asked</p>
<p style="text-align: right;">Page 319</p> <p>1</p> <p>2 A. Correct.</p> <p>3 Q. All right.</p> <p>4 MS. DAVIDSON: Now?</p> <p>5 MS. THOMPSON: I have one more</p> <p>6 O'Brien exhibit.</p> <p>7 MS. DAVIDSON: Can we do that</p> <p>8 after the break?</p> <p>9 MS. THOMPSON: Yeah, we can</p> <p>10 wait.</p> <p>11 MS. O'DELL: Let's take a</p> <p>12 five-minute break.</p> <p>13 MS. DAVIDSON: Thank you.</p> <p>14 (Recess taken.)</p> <p>15 MS. THOMPSON: So, we've been</p> <p>16 trying to accommodate your schedule --</p> <p>17 THE WITNESS: Thank you,</p> <p>18 appreciate it.</p> <p>19 MS. THOMPSON: -- Dr. Holcomb,</p> <p>20 but we were going to take a five</p> <p>21 minute break and it's been over 30</p> <p>22 minutes. I just want that to be on</p> <p>23 record.</p> <p>24 MS. DAVIDSON: We've been gone</p> <p>25 30 minutes?</p>	<p style="text-align: right;">Page 321</p> <p>1</p> <p>2 Questions, was marked for</p> <p>3 identification, as of this date.)</p> <p>4 BY MS. THOMPSON</p> <p>5 Q. Dr. Holcomb, Exhibits 27 and 28,</p> <p>6 those are the correct numbers of those,</p> <p>7 are documents that you produced to us</p> <p>8 after the break, correct?</p> <p>9 A. Correct.</p> <p>10 MS. THOMPSON: Let's mark 29 --</p> <p>11 MS. DAVIDSON: And I'll get you</p> <p>12 a revised materials considered list</p> <p>13 just so everything is correct.</p> <p>14 (Holcomb Exhibit 29, Government</p> <p>15 of Canada Screening Assessment</p> <p>16 Environment and Climate Change Canada</p> <p>17 April 2021, Bates P1.00000272.0001-071,</p> <p>18 was marked for identification, as of</p> <p>19 this date.)</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. Dr. Holcomb, are you familiar</p> <p>22 with the document that was just marked</p> <p>23 Exhibit 30, the final assessment of Health</p> <p>24 Canada?</p> <p>25 A. Yes.</p>

<p style="text-align: right;">Page 322</p> <p>1</p> <p>2 Q. And when you were deposed in</p> <p>3 2019, there was only a draft assessment,</p> <p>4 correct?</p> <p>5 A. Yes.</p> <p>6 Q. Would you agree that Health</p> <p>7 Canada performed a comprehensive review of</p> <p>8 the issue of talcum powder use and ovarian</p> <p>9 cancer?</p> <p>10 MS. DAVIDSON: Objection.</p> <p>11 A. Yes, it seemed to be pretty</p> <p>12 comprehensive.</p> <p>13 Q. There are 250 references,</p> <p>14 correct?</p> <p>15 A. Mm-hm.</p> <p>16 Q. It's peer-reviewed; is that</p> <p>17 correct?</p> <p>18 A. I don't -- I don't know,</p> <p>19 actually.</p> <p>20 Q. You don't have to look at it.</p> <p>21 I'll represent that it is.</p> <p>22 A. Peer-reviewed by who?</p> <p>23 Q. You can just say you don't know.</p> <p>24 A. No, you just made a claim that</p> <p>25 it was peer-reviewed. I'm asking who</p>	<p style="text-align: right;">Page 324</p> <p>1</p> <p>2 A. I'm not aware.</p> <p>3 Q. And you disagree with the</p> <p>4 conclusions of Health Canada; am I</p> <p>5 correct?</p> <p>6 A. Yes.</p> <p>7 Q. We're going to move to Ms.</p> <p>8 Gallardo. If you want to turn in your</p> <p>9 report to page 29.</p> <p>10 A. Yes.</p> <p>11 Q. And that's where your discussion</p> <p>12 begins, correct?</p> <p>13 A. It does.</p> <p>14 Q. Describe to me the process that</p> <p>15 you underwent in evaluating Ms. Gallardo's</p> <p>16 case in terms of whether talcum powder</p> <p>17 could contribute to her ovarian cancer</p> <p>18 diagnosis.</p> <p>19 A. So, given the fact that my</p> <p>20 opinion from the general causation is that</p> <p>21 talcum powder doesn't cause ovarian cancer</p> <p>22 in any person, my evaluation of Ms.</p> <p>23 Gallardo was limited to understanding her</p> <p>24 history, so reading through the medical</p> <p>25 records to find out how she presented, how</p>
<p style="text-align: right;">Page 323</p> <p>1</p> <p>2 reviewed this.</p> <p>3 Q. If you will turn to page 2, the</p> <p>4 first full paragraph: The human health</p> <p>5 portion of this assessment has undergone</p> <p>6 external peer review.</p> <p>7 A. By who?</p> <p>8 Q. I'm just asking you does the</p> <p>9 document say it --</p> <p>10 A. Yes.</p> <p>11 Q. -- underwent an external peer</p> <p>12 review?</p> <p>13 A. It does mention it went through</p> <p>14 a peer review without mentioning who the</p> <p>15 peers are.</p> <p>16 Q. And in that third paragraph on</p> <p>17 page 1, the screening assessment includes</p> <p>18 a consideration of information on chemical</p> <p>19 properties, environmental fate, hazards,</p> <p>20 uses and exposures, including additional</p> <p>21 information submitted by stakeholders.</p> <p>22 Are you aware that Johnson &</p> <p>23 Johnson submitted information to Health</p> <p>24 Canada after the initial assessment for</p> <p>25 them to consider?</p>	<p style="text-align: right;">Page 325</p> <p>1</p> <p>2 she was diagnosed, but to really focus in</p> <p>3 on what risk factors, established risk</p> <p>4 factors, either things that increased her</p> <p>5 risk or things that were generally</p> <p>6 accepted to decrease her risk were</p> <p>7 present.</p> <p>8 Q. How many cases would you</p> <p>9 estimate that you've reviewed in this</p> <p>10 litigation, plaintiff cases?</p> <p>11 A. Two, I believe. This is the</p> <p>12 second.</p> <p>13 Q. Did you review only one</p> <p>14 plaintiff in the Ingham trial?</p> <p>15 A. That's all I remember.</p> <p>16 Q. Can you envision any plaintiff</p> <p>17 whose history would cause you to determine</p> <p>18 that talcum powder was a contributing</p> <p>19 cause of her cancer?</p> <p>20 A. I don't believe -- no, I don't</p> <p>21 believe talcum powder contributes to the</p> <p>22 risk of ovarian cancer.</p> <p>23 Q. So regardless of who the</p> <p>24 plaintiff is, you would not be of an</p> <p>25 opinion that talcum powder use could</p>

<p style="text-align: right;">Page 326</p> <p>1</p> <p>2 contribute to her ovarian cancer, correct?</p> <p>3 A. That's correct.</p> <p>4 Q. I believe you testified that Ms.</p> <p>5 Gallardo did not have any other known risk</p> <p>6 factors --</p> <p>7 A. I testified?</p> <p>8 Q. Sorry. You included in your</p> <p>9 report that she did not have any other</p> <p>10 risk factors.</p> <p>11 A. No, I didn't say that.</p> <p>12 Q. Her reproductive history did</p> <p>13 not -- she did not have any risk factors.</p> <p>14 A. Do you consider --</p> <p>15 MS. DAVIDSON: Hold on.</p> <p>16 If you're reading from his</p> <p>17 report, can you just make sure --</p> <p>18 MS. THOMPSON: Let's go.</p> <p>19 THE WITNESS: Yeah.</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. What risk factors did you</p> <p>22 identify in Ms. Gallardo?</p> <p>23 Let's ask it another way.</p> <p>24 MS. DAVIDSON: Perfect. I won't</p> <p>25 object to that.</p>	<p style="text-align: right;">Page 328</p> <p>1</p> <p>2 MS. DAVIDSON: Objection.</p> <p>3 If you're referring to a</p> <p>4 specific study, please identify it.</p> <p>5 MS. THOMPSON: I'm just asking</p> <p>6 if he's seen any studies.</p> <p>7 A. I'm not aware of any particular</p> <p>8 studies.</p> <p>9 Q. All right.</p> <p>10 Did you finish your answer about</p> <p>11 whether she had other risk factors? Let's</p> <p>12 go back. I think I may have interrupted</p> <p>13 you there.</p> <p>14 A. So, she also had a finding of</p> <p>15 endosalpingiosis on her surgical</p> <p>16 pathology, and that has been mentioned as</p> <p>17 something that increases your risk of</p> <p>18 ovarian cancer as well.</p> <p>19 Let me just make sure I've</p> <p>20 gotten --</p> <p>21 Q. You're of the opinion that</p> <p>22 endosalpingiosis increases the risk of</p> <p>23 ovarian cancer?</p> <p>24 A. I'm saying it's been shown. If</p> <p>25 you're asking me -- I'm looking at all</p>
<p style="text-align: right;">Page 327</p> <p>1</p> <p>2 A. So let me just go through, okay.</p> <p>3 So, she had used hormone</p> <p>4 replacement therapy, which is associated.</p> <p>5 She --</p> <p>6 Q. Let me ask a question.</p> <p>7 A. Yes.</p> <p>8 Q. Is combined hormonal therapy</p> <p>9 associated with an increased risk of</p> <p>10 ovarian cancer?</p> <p>11 A. I'd have to go back and check to</p> <p>12 see if combined as well.</p> <p>13 Q. Are you aware of studies that</p> <p>14 show that progesterone and combined</p> <p>15 estrogen therapy is actually a protective</p> <p>16 factor for ovarian cancer?</p> <p>17 A. Well, progesterone and oral</p> <p>18 contraceptives in general are protective.</p> <p>19 But I don't know if what you're asking me</p> <p>20 is the case, that in combined hormone</p> <p>21 replacement that is protective.</p> <p>22 Q. So you're not aware of any</p> <p>23 studies that show that combined menopausal</p> <p>24 hormone replacement actually results in a</p> <p>25 decreased risk of ovarian cancer?</p>	<p style="text-align: right;">Page 329</p> <p>1</p> <p>2 things that somebody mentioned in the</p> <p>3 literature, and that was one of the</p> <p>4 things.</p> <p>5 Q. Do you have a reference for</p> <p>6 that?</p> <p>7 A. I do. It's in my report, but I</p> <p>8 can find it for you.</p> <p>9 It's 160, so it's Hermens et</p> <p>10 al., Increased association of ovarian</p> <p>11 cancer in women with histological proven</p> <p>12 endosalpingiosis, Cancer Epidemiology</p> <p>13 2020.</p> <p>14 Q. Okay.</p> <p>15 Anything else?</p> <p>16 A. I mean, it's generally a</p> <p>17 disease, epithelial ovarian cancer is a</p> <p>18 disease of postmenopausal women. She's a</p> <p>19 couple of years younger but in the age</p> <p>20 range of when you'd expect to see</p> <p>21 epithelial ovarian cancer.</p> <p>22 As far as her genetic risks, I</p> <p>23 don't -- I can't really speak to that.</p> <p>24 She's not shown to have any cancer</p> <p>25 predisposition syndromes that have been</p>

<p style="text-align: right;">Page 330</p> <p>1</p> <p>2 proven, but as my report states, the</p> <p>3 testing she had then is not as extensive</p> <p>4 as what we would do now.</p> <p>5 Let me see if there was anything</p> <p>6 else.</p> <p>7 Let's see. She has one child.</p> <p>8 She breastfed, but only for, like, six</p> <p>9 weeks. So it's hard to know if it had an</p> <p>10 impact -- breast-feeding can help to</p> <p>11 decrease your risk of ovarian cancer. I'm</p> <p>12 not sure if six weeks of breast-feeding</p> <p>13 would do that.</p> <p>14 I think that's about it.</p> <p>15 Q. You do agree that ovarian cancer</p> <p>16 is multifactorial, correct?</p> <p>17 MS. DAVIDSON: Objection.</p> <p>18 A. I don't know what you mean by</p> <p>19 "multifactorial."</p> <p>20 Q. You've never seen descriptions</p> <p>21 of ovarian cancer as being a</p> <p>22 multifactorial cancer that's caused by</p> <p>23 many factors typically?</p> <p>24 MS. DAVIDSON: Objection.</p> <p>25 A. I -- I don't know -- as a GYN</p>	<p style="text-align: right;">Page 332</p> <p>1</p> <p>2 MS. DAVIDSON: You're misstating</p> <p>3 his testimony.</p> <p>4 MS. THOMPSON: I don't think I</p> <p>5 stated his testimony, but let's ask</p> <p>6 the question again.</p> <p>7 A. Could you restate the question?</p> <p>8 Q. You agree that not all women</p> <p>9 with BRCA1 or 2 mutations get ovarian</p> <p>10 cancer, correct?</p> <p>11 A. I agree.</p> <p>12 Q. And have you seen literature</p> <p>13 that states that women with BRCA1 or 2</p> <p>14 mutations have to have something else that</p> <p>15 contributes to their development of</p> <p>16 ovarian cancer?</p> <p>17 A. No.</p> <p>18 Q. Never seen literature to that</p> <p>19 effect?</p> <p>20 A. That someone has to have when</p> <p>21 you say "something else," I'm assuming you</p> <p>22 mean that there's another causative agent</p> <p>23 of ovarian cancer that has to interact</p> <p>24 with BRCA to cause ovarian cancer.</p> <p>25 Q. Yes.</p>
<p style="text-align: right;">Page 331</p> <p>1</p> <p>2 oncologist, I don't know what causes</p> <p>3 ovarian cancer. Outside of genetic</p> <p>4 predisposition syndromes.</p> <p>5 We can talk about things that</p> <p>6 are associated with risk, but to say that</p> <p>7 something is multifactorial suggests that</p> <p>8 you know multiple things that cause it.</p> <p>9 Q. And you'd agree that not all</p> <p>10 women even with a BRCA1 or 2 mutation get</p> <p>11 ovarian cancer?</p> <p>12 A. No.</p> <p>13 Q. And you --</p> <p>14 A. I do agree.</p> <p>15 Q. And you've never seen any</p> <p>16 literature that say even women with BRCA</p> <p>17 mutation have to have some other factor</p> <p>18 contributing that causes them to get</p> <p>19 ovarian cancer?</p> <p>20 A. Can you repeat --</p> <p>21 MS. DAVIDSON: Objection;</p> <p>22 misstates his testimony.</p> <p>23 A. If you could just repeat.</p> <p>24 MS. THOMPSON: What was the</p> <p>25 objection? I'm sorry?</p>	<p style="text-align: right;">Page 333</p> <p>1</p> <p>2 A. No.</p> <p>3 Q. Never seen any literature to</p> <p>4 that effect?</p> <p>5 A. No.</p> <p>6 MS. THOMPSON: Is that funny,</p> <p>7 Jessica?</p> <p>8 MS. DAVIDSON: I didn't laugh.</p> <p>9 MS. THOMPSON: Yes, you did.</p> <p>10 MS. DAVIDSON: Actually, you've</p> <p>11 laughed multiple times in this</p> <p>12 deposition.</p> <p>13 And I don't even know what</p> <p>14 you're taking about.</p> <p>15 MS. THOMPSON: Well, it's not</p> <p>16 my --</p> <p>17 MS. DAVIDSON: You're laughing</p> <p>18 right now.</p> <p>19 I didn't know that we were</p> <p>20 starting to put people's expressions</p> <p>21 on the record.</p> <p>22 MS. THOMPSON: Well, when you're</p> <p>23 laughing at a question of mine --</p> <p>24 MS. DAVIDSON: I'm not laughing</p> <p>25 at all.</p>

<p style="text-align: right;">Page 334</p> <p>1</p> <p>2 MS. THOMPSON: -- I don't</p> <p>3 appreciate it.</p> <p>4 MS. DAVIDSON: Okay.</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. Are you assuming then that there</p> <p>7 is one and only one cause of a woman's</p> <p>8 ovarian cancer?</p> <p>9 A. I don't know --</p> <p>10 MS. DAVIDSON: Objection. That</p> <p>11 also misstates his testimony.</p> <p>12 A. Yeah.</p> <p>13 MS. THOMPSON: I'm asking the</p> <p>14 question. I didn't say anything about</p> <p>15 what his testimony was.</p> <p>16 MS. DAVIDSON: Well, you say</p> <p>17 "are you assuming," then suggesting</p> <p>18 that based on what you just --</p> <p>19 BY MS. THOMPSON"</p> <p>20 Q. You can answer the question, Dr.</p> <p>21 Holcomb.</p> <p>22 A. I don't know of any other</p> <p>23 causative agents of ovarian cancer other</p> <p>24 than genetic mutations.</p> <p>25 Q. Okay.</p>	<p style="text-align: right;">Page 336</p> <p>1</p> <p>2 woman's development of ovarian cancer.</p> <p>3 MS. DAVIDSON: Objection; asked</p> <p>4 and answered.</p> <p>5 A. Yeah, I -- nothing further from</p> <p>6 what I've already explained to you.</p> <p>7 Q. And so I'm confused. What was</p> <p>8 the answer that you gave?</p> <p>9 A. I said that I'm aware of things</p> <p>10 that are risk factors, but how those risk</p> <p>11 factors tie into contributing to ovarian</p> <p>12 cancer I don't think it is not known.</p> <p>13 Q. Okay.</p> <p>14 So there could be other risk</p> <p>15 factors, but none of those you would</p> <p>16 identify as a contributing cause. Am I</p> <p>17 understanding that correctly?</p> <p>18 A. You keep on saying cause and I'm</p> <p>19 spraying risk factors from cause.</p> <p>20 So for me, for something to</p> <p>21 contribute, it has to have a explanation</p> <p>22 of how it causes, along with something</p> <p>23 else. So I can say that early menarche or</p> <p>24 late menopause is associated with an</p> <p>25 increased risk. How that causes ovarian</p>
<p style="text-align: right;">Page 335</p> <p>1</p> <p>2 So in your opinion, a genetic --</p> <p>3 a deleterious genetic mutation is the only</p> <p>4 factor that you could say causes ovarian</p> <p>5 cancer?</p> <p>6 A. That's true.</p> <p>7 Q. Is it the only factor that could</p> <p>8 contribute to a woman's development of</p> <p>9 ovarian cancer?</p> <p>10 MS. DAVIDSON: Objection.</p> <p>11 A. Can contribute?</p> <p>12 Q. Could contribute, yes.</p> <p>13 A. Just by nature of the fact that</p> <p>14 women without genetic mutations get</p> <p>15 ovarian cancer, yes, there must be other</p> <p>16 things that can contribute to the risk of</p> <p>17 ovarian cancer.</p> <p>18 Q. What would those be?</p> <p>19 A. I don't know what they are. I</p> <p>20 just know what things are associated with</p> <p>21 the risk of ovarian cancer. But you're</p> <p>22 asking about causality, I'm assuming.</p> <p>23 Q. I'm asking if there's anything</p> <p>24 other than a mutation that you could</p> <p>25 identify as a contributing cause to a</p>	<p style="text-align: right;">Page 337</p> <p>1</p> <p>2 cancer I don't know.</p> <p>3 Q. Do you mean that somatic</p> <p>4 mutations can cause ovarian cancer?</p> <p>5 A. Yes.</p> <p>6 Q. What would be an example?</p> <p>7 A. A somatic BRCA mutation.</p> <p>8 Q. Do you believe that</p> <p>9 environmental agents of any type can cause</p> <p>10 somatic mutations?</p> <p>11 A. I don't know of any</p> <p>12 environmental exposures that have been</p> <p>13 shown to be genotoxic.</p> <p>14 Q. What about asbestos?</p> <p>15 A. You asked that earlier and I</p> <p>16 said I'm not aware of how asbestos causes</p> <p>17 genotoxicity.</p> <p>18 Q. You agree that Ms. Gallardo, I</p> <p>19 think you testified earlier, according to</p> <p>20 her deposition, used daily genital powder</p> <p>21 for 20 years, correct?</p> <p>22 A. That's what she reports, yes.</p> <p>23 Q. And would you agree that that's</p> <p>24 approximately 7,300 applications?</p> <p>25 MS. DAVIDSON: Objection.</p>

<p style="text-align: right;">Page 338</p> <p>1</p> <p>2 A. I don't know how many times she</p> <p>3 used it a day.</p> <p>4 Q. So it could be more than that if</p> <p>5 she used it more than once a day?</p> <p>6 A. I guess.</p> <p>7 Q. But if you multiply once a day</p> <p>8 for 20 years, I believe it would come out</p> <p>9 to something around 7300?</p> <p>10 A. If you want me to do the</p> <p>11 calculation, I can.</p> <p>12 Q. No.</p> <p>13 Does that sound right?</p> <p>14 A. I have no idea, honestly. I'd</p> <p>15 have to do the calculation. You might be</p> <p>16 better at math than I am. I can't do that</p> <p>17 one in my head.</p> <p>18 Q. Okay.</p> <p>19 And it's your opinion that --</p> <p>20 fibroids are not related to ovarian</p> <p>21 cancer. Do you have an opinion as to</p> <p>22 whether fibroids are related to ovarian</p> <p>23 cancer?</p> <p>24 A. I don't believe they are.</p> <p>25 Q. An endometrial polyp is not</p>	<p style="text-align: right;">Page 340</p> <p>1</p> <p>2 A. In her medical record, no.</p> <p>3 Q. Did she have any family history</p> <p>4 that would place her at a higher risk of</p> <p>5 ovarian cancer, that you're aware of?</p> <p>6 A. Her family history, other than</p> <p>7 renal cell carcinoma which can be part of</p> <p>8 Lynch syndrome, but the multiple myeloma,</p> <p>9 not that I'm aware of.</p> <p>10 Q. And Ms. Gallardo --</p> <p>11 MS. DAVIDSON: I believe he was</p> <p>12 in the middle of a sentence.</p> <p>13 A. Yeah, the -- the multiple</p> <p>14 myeloma and the other -- I forgot the</p> <p>15 other --</p> <p>16 Q. Was she tested for Lynch</p> <p>17 syndrome on her gene panel?</p> <p>18 A. She was.</p> <p>19 Q. So we can rule out Lynch</p> <p>20 syndrome, correct?</p> <p>21 A. Yes.</p> <p>22 Q. And she did have genetic</p> <p>23 testing, correct?</p> <p>24 A. She did.</p> <p>25 MS. THOMPSON: Let's go ahead</p>
<p style="text-align: right;">Page 339</p> <p>1</p> <p>2 related to ovarian cancer?</p> <p>3 A. I don't believe it is.</p> <p>4 Q. Did you see any record in Ms.</p> <p>5 Gallardo's case of a history of --</p> <p>6 A. Can I go back and clarify what I</p> <p>7 just said about an endometrial polyp?</p> <p>8 'Cause you didn't specify what's in the</p> <p>9 polyp.</p> <p>10 Q. A benign endometrial polyp.</p> <p>11 A. Yes, I agree.</p> <p>12 Q. That was a good correction.</p> <p>13 Ms. Gallardo had no history of</p> <p>14 endometriosis in her medical records,</p> <p>15 correct?</p> <p>16 A. That is correct.</p> <p>17 I would just like to say,</p> <p>18 though, that most women with endometriosis</p> <p>19 have no record of endometriosis. It's a</p> <p>20 histologically confirmed diagnosis. So</p> <p>21 she has none -- I know of no search for it</p> <p>22 before.</p> <p>23 Q. And did she have any histologic</p> <p>24 confirmation of endometriosis in her</p> <p>25 medical record?</p>	<p style="text-align: right;">Page 341</p> <p>1</p> <p>2 and mark this.</p> <p>3 (Holcomb Exhibit 30, GeneDx</p> <p>4 report 3/4/2014, Bates</p> <p>5 GALLARDO_ANNA_DRMUTCH_00001-004, was</p> <p>6 marked for identification, as of this</p> <p>7 date.) Oncology genetic test report,</p> <p>8 Bates.</p> <p>9 BY MS. THOMPSON:</p> <p>10 Q. Her genetic testing was</p> <p>11 performed in 2014, correct?</p> <p>12 A. Yes.</p> <p>13 Q. And this was an eleven-gene</p> <p>14 panel from Onco GeneDx.</p> <p>15 Are you familiar with that</p> <p>16 genetic testing company?</p> <p>17 A. I'm familiar with the company,</p> <p>18 yes.</p> <p>19 Q. And Dr. Mutch, her primary</p> <p>20 oncologist, GYN oncologist, ordered the</p> <p>21 genetic testing, correct?</p> <p>22 A. This says David Mutch ordered</p> <p>23 it.</p> <p>24 Q. And do you know Dr. Mutch?</p> <p>25 A. Not personally, but I know of</p>

<p style="text-align: right;">Page 342</p> <p>1</p> <p>2 him.</p> <p>3 Q. And the results were described</p> <p>4 as negative, correct?</p> <p>5 A. Yes.</p> <p>6 Q. No reportable variants were</p> <p>7 detected by the sequencing in any of the</p> <p>8 genes on this panel, correct?</p> <p>9 A. Yes, that's correct.</p> <p>10 This is a endometrial cancer</p> <p>11 panel.</p> <p>12 Q. Was that an appropriate panel to</p> <p>13 order by Dr. Mutch?</p> <p>14 A. Well, seeing that the woman had</p> <p>15 ovarian cancer, I would think he would</p> <p>16 choose an ovarian cancer panel.</p> <p>17 And I don't know if GeneDx's</p> <p>18 ovarian cancer panel at the time had the</p> <p>19 genes that I feel are missing from her</p> <p>20 assessment.</p> <p>21 Q. Can you think of any reason Dr.</p> <p>22 Mutch would have ordered a panel that</p> <p>23 didn't include the genes that he would be</p> <p>24 worried about with an ovarian cancer?</p> <p>25 MS. DAVIDSON: Objection. This</p>	<p style="text-align: right;">Page 344</p> <p>1</p> <p>2 have a hereditary cause regardless of the</p> <p>3 gene testing?</p> <p>4 A. I'm sorry, repeat the question</p> <p>5 again.</p> <p>6 Q. Could you say to a reasonable</p> <p>7 degree of medical certainty that she has a</p> <p>8 hereditary cause for her ovarian cancer?</p> <p>9 A. No. I would just say she needs</p> <p>10 to be tested for it.</p> <p>11 Q. Okay.</p> <p>12 And it would be unlikely that</p> <p>13 she has a deleterious variant on her</p> <p>14 retesting?</p> <p>15 A. Well, 15 to 20 percent of</p> <p>16 ovarian cancers are thought to be due to</p> <p>17 genetic predisposition syndromes now. So</p> <p>18 I guess it depends on your definition of</p> <p>19 "unlikely." That's high enough for it to</p> <p>20 be recommended that every woman with</p> <p>21 epithelial ovarian cancer gets a genetic</p> <p>22 panel for ovarian predisposition</p> <p>23 syndromes.</p> <p>24 Q. And how many of those 15 to 20</p> <p>25 percent are BRCA1 and 2?</p>
<p style="text-align: right;">Page 343</p> <p>1</p> <p>2 just calls for speculation.</p> <p>3 A. I have no idea why Dr. Mutch</p> <p>4 ordered a endometrial cancer panel for an</p> <p>5 ovarian cancer patient.</p> <p>6 Q. Okay.</p> <p>7 Do you know if there's any</p> <p>8 difference between the endometrial cancer</p> <p>9 panel and an ovarian cancer panel in 2014</p> <p>10 with this company?</p> <p>11 A. I don't know.</p> <p>12 Q. Okay.</p> <p>13 Do you have any evidence that</p> <p>14 Ms. Gallardo had a genetic cause of her</p> <p>15 ovarian cancer?</p> <p>16 A. Any evidence saying she did?</p> <p>17 No. As I mentioned, it's just not</p> <p>18 complete.</p> <p>19 Q. And you stated in your report</p> <p>20 that her genetic testing does not rule out</p> <p>21 a hereditary cause of her ovarian cancer,</p> <p>22 correct?</p> <p>23 A. That's true.</p> <p>24 Q. Could you say to a reasonable</p> <p>25 degree of medical certainty that she does</p>	<p style="text-align: right;">Page 345</p> <p>1</p> <p>2 A. That accounts for probably 60 or</p> <p>3 70 percent.</p> <p>4 Q. And Lynch added to that?</p> <p>5 A. Yeah.</p> <p>6 Actually, I -- let me go back to</p> <p>7 my report 'cause I think I address the</p> <p>8 numbers 'cause I think I get into it.</p> <p>9 Can I go back to the beginning?</p> <p>10 Because I don't remember the exact numbers</p> <p>11 off the top, but I can go back and tell</p> <p>12 you.</p> <p>13 Well, actually, I don't put the</p> <p>14 numbers down.</p> <p>15 I'm not exactly sure.</p> <p>16 Q. The majority would be covered</p> <p>17 with BRCA and Lynch of the 15 to 20</p> <p>18 percent.</p> <p>19 Would you agree with that?</p> <p>20 A. I would agree.</p> <p>21 Q. Turn to page 33.</p> <p>22 A. Of?</p> <p>23 Q. Of your report.</p> <p>24 A. My report.</p> <p>25 Q. Sorry.</p>

<p style="text-align: right;">Page 346</p> <p>1</p> <p>2 And the last paragraph on that</p> <p>3 page, you make the statement midway</p> <p>4 through the last paragraph on the page:</p> <p>5 Dr. Wolf's report suffers from several</p> <p>6 logical fallacies, the most severe of</p> <p>7 which is the belief that all cancer must</p> <p>8 have an identifiable cause.</p> <p>9 My first question is did you</p> <p>10 write that sentence?</p> <p>11 A. I did.</p> <p>12 Q. I had never seen "suffers from</p> <p>13 logical fallacies" in any kind of medical</p> <p>14 statement. That's why I was asking.</p> <p>15 Where does Dr. Wolf state that</p> <p>16 she believes that all cancer must have an</p> <p>17 identifiable cause? Where in her report?</p> <p>18 A. I'd have to go back through her</p> <p>19 report again.</p> <p>20 Q. Because that's not cited.</p> <p>21 A. Okay.</p> <p>22 Which --</p> <p>23 Q. It's Exhibit 9.</p> <p>24 A. Let me go back, sorry.</p> <p>25 (Pause.)</p>	<p style="text-align: right;">Page 348</p> <p>1</p> <p>2 that would support that?</p> <p>3 A. Like I said --</p> <p>4 MS. DAVIDSON: Excuse me. I'm</p> <p>5 going to object. That is a gross</p> <p>6 mischaracterization of his testimony.</p> <p>7 BY MS. THOMPSON</p> <p>8 Q. Okay.</p> <p>9 Tell me what in her report --</p> <p>10 MS. DAVIDSON: He said it was a</p> <p>11 deduction, and you said it was a</p> <p>12 guess.</p> <p>13 BY MS. THOMPSON:</p> <p>14 Q. Okay.</p> <p>15 Are deduction and guess don't</p> <p>16 mean the same thing?</p> <p>17 MS. DAVIDSON: No, they don't.</p> <p>18 A. No.</p> <p>19 Q. All right.</p> <p>20 MS. O'DELL: Object to form,</p> <p>21 please.</p> <p>22 BY MS. THOMPSON:</p> <p>23 Q. What was the deduction based on?</p> <p>24 A. My interpretation for her</p> <p>25 reasoning was if I can't identify a</p>
<p style="text-align: right;">Page 347</p> <p>1</p> <p>2 Q. I'll represent that Dr. Wolf</p> <p>3 does not state that cancer must have an</p> <p>4 identifiable cause.</p> <p>5 Do you want to continue looking?</p> <p>6 A. Yeah, I don't remember her</p> <p>7 saying that specifically. I was, I think,</p> <p>8 making an overall assessment that she</p> <p>9 seemed to, in my opinion, feel like the</p> <p>10 fact that there was no identifiable cause</p> <p>11 as a support for the fact that talc must</p> <p>12 cause it, and I just assumed that someone</p> <p>13 must believe that there must be a cause if</p> <p>14 you then say well, there's no, you know,</p> <p>15 known causes here, it must be this. I</p> <p>16 assume that means you believe there has to</p> <p>17 be an identifiable cause. But I don't</p> <p>18 remember her saying in one sentence. It</p> <p>19 was my deduction from her reasoning. It</p> <p>20 was my interpretation of her reasoning.</p> <p>21 Q. So you just guessed that Dr.</p> <p>22 Wolf believed that all cancer must have an</p> <p>23 identifiable cause and that was a logical</p> <p>24 fallacy without being able to point me to</p> <p>25 anything that she states in her report</p>	<p style="text-align: right;">Page 349</p> <p>1</p> <p>2 specific risk factor that I think caused</p> <p>3 this ovarian cancer, that talc is then a</p> <p>4 likely cause because there has to be --</p> <p>5 and that becomes my interpretation that</p> <p>6 says well, then there must be an</p> <p>7 explanation.</p> <p>8 Q. I'm just looking for anything in</p> <p>9 her report that you could point to me that</p> <p>10 would allow you to deduce that.</p> <p>11 And you're calling it a severe</p> <p>12 logical fallacy, which is a pretty brash</p> <p>13 characterization of her testimony, or her</p> <p>14 report, in my opinion.</p> <p>15 Would you like to have someone</p> <p>16 say you made a -- you suffered from</p> <p>17 logical fallacy?</p> <p>18 MS. DAVIDSON: Is that a</p> <p>19 question you're actually asking?</p> <p>20 MS. THOMPSON: Yeah.</p> <p>21 BY MS. THOMPSON:</p> <p>22 Q. Would you like someone to say</p> <p>23 that?</p> <p>24 A. That's not --</p> <p>25 MS. DAVIDSON: I'm going to</p>

<p style="text-align: right;">Page 350</p> <p>1</p> <p>2 object to that question. I think</p> <p>3 that's not relevant to his opinions.</p> <p>4 But if you want to answer it,</p> <p>5 you can.</p> <p>6 BY MS. THOMPSON:</p> <p>7 Q. I'm just looking for what in</p> <p>8 Dr. --</p> <p>9 MS. O'DELL: Object to the form.</p> <p>10 And let her ask the question.</p> <p>11 MS. DAVIDSON: Leigh, do you</p> <p>12 commit to objecting to the form in</p> <p>13 every deposition we ever take of your</p> <p>14 witnesses going forward? Would you</p> <p>15 like to commit on the record to that?</p> <p>16 If not, I'll continue.</p> <p>17 Dr. Holcomb has stated multiple</p> <p>18 times that he deduced from the fact</p> <p>19 that she assumes that talc caused it.</p> <p>20 Absent some other cause, that was his</p> <p>21 deduction. You don't like that</p> <p>22 answer, we can move on.</p> <p>23 MS. THOMPSON: I'm asking him to</p> <p>24 point me even to that statement.</p> <p>25 A. It was a general assessment of</p>	<p style="text-align: right;">Page 352</p> <p>1</p> <p>2 A. We've already been there. I've</p> <p>3 answered that question.</p> <p>4 Q. Okay.</p> <p>5 And you believe, without being</p> <p>6 able to point me to any statement in her</p> <p>7 report, that she did not exercise</p> <p>8 consistent opinions that are consistent</p> <p>9 with sound medical or scientific practice?</p> <p>10 A. Yeah, I've already answered the</p> <p>11 question.</p> <p>12 Q. Okay.</p> <p>13 So you believe that Dr. Wolf's</p> <p>14 report -- do you know Dr. Wolf?</p> <p>15 A. Not personally.</p> <p>16 Q. Do you know Dr. Wolf's résumé?</p> <p>17 A. Doctor?</p> <p>18 Q. Wolf's résumé.</p> <p>19 A. No.</p> <p>20 Q. Did you look up Dr. Wolf's CV?</p> <p>21 A. Dr. Wolf provided a lot of</p> <p>22 information on her opinions in this</p> <p>23 specific topic. I don't see how her CV</p> <p>24 was going to inform me any further than</p> <p>25 that.</p>
<p style="text-align: right;">Page 351</p> <p>1</p> <p>2 her -- there was no one specific</p> <p>3 statement. This was my interpretation of</p> <p>4 her reasoning.</p> <p>5 Q. Okay.</p> <p>6 And then you also go on to state</p> <p>7 in that same paragraph: This is not</p> <p>8 consistent with sound medical or</p> <p>9 scientific practice.</p> <p>10 What does "this" refer to in</p> <p>11 that paragraph?</p> <p>12 A. Can you show me where we're</p> <p>13 talking about?</p> <p>14 Q. Same paragraph. Last paragraph</p> <p>15 on page 33, next to last sentence.</p> <p>16 A. Right.</p> <p>17 Q. (Reading) This is not consistent</p> <p>18 with sound medical or scientific practice.</p> <p>19 What are you referring to</p> <p>20 "this"?</p> <p>21 A. The belief that a cancer has to</p> <p>22 have an identified cause.</p> <p>23 Q. And does Dr. Wolf say anywhere</p> <p>24 in her report that cancer has to have an</p> <p>25 identifiable cause?</p>	<p style="text-align: right;">Page 353</p> <p>1</p> <p>2 Q. It wouldn't matter to you where</p> <p>3 she trained, her status, her position, her</p> <p>4 research, anything?</p> <p>5 A. I worked in some pretty</p> <p>6 impressive medical centers and I've come</p> <p>7 across people of all stripes. So no.</p> <p>8 Q. And it's your opinion, having</p> <p>9 read Dr. Wolf's report, that it suffers</p> <p>10 from logical fallacies and it's not</p> <p>11 consistent with sound medical or</p> <p>12 scientific practice, that's your opinion?</p> <p>13 A. Yes.</p> <p>14 Q. All right.</p> <p>15 You reviewed the pathology</p> <p>16 report in this --</p> <p>17 A. I did.</p> <p>18 Q. In Ms. Gallardo's case, correct?</p> <p>19 A. I did.</p> <p>20 (Holcomb Exhibit 31,</p> <p>21 Barnes-Jewish Hospital Washington</p> <p>22 University Medical Center Surgical</p> <p>23 Pathology Report 7/25/2013, Bates</p> <p>24 GALLARDO_ANNA_BJH_00033-037, was</p> <p>25 marked for identification, as of this</p>

<p style="text-align: right;">Page 354</p> <p>1</p> <p>2 date.)</p> <p>3 BY MS. THOMPSON:</p> <p>4 Q. And do you have any reason to</p> <p>5 question the pathologic diagnosis from</p> <p>6 Barnes-Jewish and Washington University</p> <p>7 Medical Center?</p> <p>8 A. No.</p> <p>9 Q. And I believe that we've</p> <p>10 discussed the pathology, including the</p> <p>11 endosalpingiosis and the metastatic</p> <p>12 endometrioid, carcinoma, you don't have</p> <p>13 any reason to disagree with the pathology</p> <p>14 report.</p> <p>15 And you reviewed the</p> <p>16 operative --</p> <p>17 A. I just want to say one thing as</p> <p>18 far as agreeing or disagreeing. What's</p> <p>19 mentioned, I have no reason to disagree</p> <p>20 with what's mentioned.</p> <p>21 But I think it's fair to say</p> <p>22 that going back to the question of</p> <p>23 endometriosis, there is such a tight tie</p> <p>24 between pelvic peritoneal endometriosis</p> <p>25 and her specific type of ovarian cancer.</p>	<p style="text-align: right;">Page 356</p> <p>1</p> <p>2 looking for endometriosis.</p> <p>3 Q. Okay. That's not responsive to</p> <p>4 my question, and my question is did --</p> <p>5 A. You asked me did he --</p> <p>6 Q. Is there evidence that Dr. Mutch</p> <p>7 saw endometriosis in his operative report?</p> <p>8 Let's ask that.</p> <p>9 A. There's no evidence in his path</p> <p>10 report -- in his operative report.</p> <p>11 Q. That's my only question.</p> <p>12 MS. THOMPSON: This is 32, the</p> <p>13 operative report.</p> <p>14 (Holcomb Exhibit 32, BJC Patient</p> <p>15 Chart 7/25/2013, Bates</p> <p>16 GALLARDO_ANNA_BJH_00011-014, was</p> <p>17 marked for identification, as of this</p> <p>18 date.)</p> <p>19 MS. DAVIDSON: If you have an</p> <p>20 amendment to an answer, you can give</p> <p>21 it.</p> <p>22 A. I don't think Dr. Mutch</p> <p>23 mentioned that he saw endosalpingiosis</p> <p>24 either. So when you say did he see</p> <p>25 endosalpingiosis, he makes no mention of</p>
<p style="text-align: right;">Page 355</p> <p>1</p> <p>2 The omission of a statement about</p> <p>3 endometriosis, in my personal opinion,</p> <p>4 happens all the time. We present cases at</p> <p>5 our tumor board weekly where we review</p> <p>6 their path. It's not mentioned on the</p> <p>7 pathology report and I see in tumor board</p> <p>8 this patient has endometriosis, and when I</p> <p>9 ask the pathologist is there any</p> <p>10 endometriosis, they'll often say oh, yeah,</p> <p>11 there was endometriosis, because they</p> <p>12 didn't find that it was clinically</p> <p>13 significant to mention at the time.</p> <p>14 Q. And Dr. Mutch also did not see</p> <p>15 any endometriosis visually during the</p> <p>16 procedure?</p> <p>17 A. Endometriosis is one of those</p> <p>18 diseases that has no correlation with the</p> <p>19 amount you see and the amount of symptoms</p> <p>20 somebody has. We are not very good, this</p> <p>21 is generally accepted, at identifying</p> <p>22 endometriosis. So yes, I -- you know, I</p> <p>23 don't know what Dr. Mutch saw. I can't</p> <p>24 even speculate. He's staging an ovarian</p> <p>25 cancer patient. I don't think he would be</p>	<p style="text-align: right;">Page 357</p> <p>1</p> <p>2 it, and yet his biopsy showed it. My</p> <p>3 guess is that was a random biopsy that</p> <p>4 happened to show endosalpingiosis. So I</p> <p>5 just want to verify when you say did he</p> <p>6 mention seeing something, there can be</p> <p>7 things present or absent and there's no</p> <p>8 mention of it in the op note.</p> <p>9 Q. Did you review Dr. Godleski's</p> <p>10 report for Ms. Gallardo? I don't believe</p> <p>11 it's on your reliance list.</p> <p>12 A. The pathologist you mean?</p> <p>13 MS. DAVIDSON: I'm sorry, can</p> <p>14 you ask the question again?</p> <p>15 BY MS. THOMPSON:</p> <p>16 Q. Yes, Dr. Godleski's report on</p> <p>17 Ms. Gallardo.</p> <p>18 A. Outside of his path report.</p> <p>19 When you say --</p> <p>20 Q. Godleski, the plaintiff expert</p> <p>21 pathologist.</p> <p>22 A. No, I don't believe I did.</p> <p>23 Q. Why not?</p> <p>24 A. I'm not sure.</p> <p>25 Q. Do you know that he produced a</p>

Page 358	Page 360
<p>1 2 report specific to Anna Gallardo? 3 A. Well, it's if it's not on my 4 reliance list, then I don't think so, no. 5 Q. Did Johnson & Johnson tell you 6 there was a report from Dr. Godleski 7 regarding Anna Gallardo's, his examination 8 of Anna Gallardo's pathology? 9 A. Not that I recall. 10 Q. Have you seen other cases where 11 Dr. Godleski has -- 12 A. You know, now it's sounding 13 familiar. Is he the -- he's looking at 14 fibers and things like that? Is he a 15 specialist at looking for polarized light 16 and electron microscopy? 17 Q. He's a pathologist -- 18 A. But that was -- I do remember 19 seeing a -- it's not on my reliance list. 20 I remember seeing a report with someone 21 saying whether or not they saw -- 22 MS. DAVIDSON: I thought we 23 shared it. It may be a mistake, but I 24 thought we shared it. There's been so 25 many experts, I may have made a</p>	<p>1 2 yourself? 3 A. I may have. I don't remember. 4 Q. You don't remember seeing this 5 report? 6 A. No. 7 Q. Okay. Let's -- 8 A. The findings are familiar to me, 9 but I don't remember seeing -- some of the 10 findings are familiar. 11 Q. Well, let's go over the 12 findings. 13 A. Sure. 14 Q. Dr. Godleski found talc fibers 15 in the pathologic tissue, correct? 16 MS. DAVIDSON: Objection. 17 A. What he's describing as talc 18 fibers, yes. 19 Q. Okay. 20 Page 4. Dr. Godleski states 21 that: Particles fibers were confirmed to 22 be talc. The talc fibers identified all 23 met the accepted criteria for a fiber of 24 length to width ratio of greater than -- 25 MS. DAVIDSON: Can you show us</p>
Page 359	Page 361
<p>1 2 mistake. 3 MS. THOMPSON: This is a pretty 4 important report. 5 We'll mark this as Exhibit 33. 6 (Holcomb Exhibit 33, expert 7 report of John J. Godleski, M.D. - 8 July 21, 2021, was marked for 9 identification, as of this date.) 10 A. When you mentioned the name, I 11 was aware that he was a pathologist before 12 you mentioned it. So I do believe I must 13 have seen this. 14 Q. Well, you now have the report in 15 your hand. 16 Have you seen it? 17 A. Honestly, I'm trying to remember 18 if I saw this myself or it was just 19 mentioned in others' reports. 20 I was aware of this report, the 21 findings of this report. I don't remember 22 if I read this report or it was just 23 mentioned in other experts' depositions. 24 Q. If you saw it in other expert 25 reports, wouldn't you want to have seen it</p>	<p>1 2 where you're reading? 3 MS. THOMPSON: Bottom of page 4. 4 BY MS. THOMPSON: 5 Q. The last three lines of page 4: 6 The talc fibers identified all met the 7 accepted criteria for a fiber of length to 8 width ratio of greater than 3 to 1 and 9 approximately parallel size as well as the 10 accepted atomic weight percent ratio of 11 0.645. 12 That's what Godleski says that 13 he found in Ms. Gallardo's tissue, 14 correct? 15 A. That's what he says he found, 16 yes. 17 Q. And he also listed 30 tremolite 18 fragments and a fiber listed in Table 2 on 19 page 6. 20 What is tremolite? 21 MS. DAVIDSON: Objection. 22 A. That's outside my expertise. 23 I'm not a mineralogist and specialist. 24 MS. DAVIDSON: You guys are 25 going to be deposing Dr. Felix.</p>

<p style="text-align: right;">Page 362</p> <p>1</p> <p>2 MS. THOMPSON: I'm asking Dr.</p> <p>3 Holcomb.</p> <p>4 MS. DAVIDSON: I understand.</p> <p>5 BY MS. THOMPSON:</p> <p>6 Q. So you didn't review this</p> <p>7 report?</p> <p>8 A. I don't --</p> <p>9 MS. DAVIDSON: He didn't say</p> <p>10 that.</p> <p>11 A. Actually, the more I'm looking</p> <p>12 at this, to be honest, it's very familiar</p> <p>13 to me, that --</p> <p>14 Q. Okay.</p> <p>15 So you may have reviewed this</p> <p>16 report?</p> <p>17 A. Yes.</p> <p>18 Q. Did you have any curiosity as to</p> <p>19 what tremolite was and maybe I should look</p> <p>20 this up?</p> <p>21 A. Not really. It wasn't -- and</p> <p>22 the reason why it wasn't very interesting</p> <p>23 to me is because I had already reviewed</p> <p>24 the literature on whether or not you find</p> <p>25 talc fibers or not and whether it's</p>	<p style="text-align: right;">Page 364</p> <p>1</p> <p>2 to you if Ms. Gallardo had asbestos in her</p> <p>3 tissue?</p> <p>4 A. No.</p> <p>5 Q. Dr. Godleski goes on to say that</p> <p>6 finding of -- in the paragraph on the same</p> <p>7 page that begins "The technique used."</p> <p>8 Towards the ends of that paragraph: The</p> <p>9 finding of 15 talc --</p> <p>10 A. I'm sorry, which page are we on</p> <p>11 again?</p> <p>12 Q. We're on 6.</p> <p>13 (Reading) The finding of 15 talc</p> <p>14 fibers is particularly significant in that</p> <p>15 the IARC lists talc fibers as a Group 1</p> <p>16 cancerogenic.</p> <p>17 If you read this report, would</p> <p>18 that be interesting to you to check if</p> <p>19 talc fibers are listed by IARC as a Group</p> <p>20 1 carcinogen?</p> <p>21 MS. DAVIDSON: Objection.</p> <p>22 A. If I'm assuming that this fiber</p> <p>23 got there through cosmetic talc use, no,</p> <p>24 it wouldn't be of interest to me.</p> <p>25 If I had in her history that she</p>
<p style="text-align: right;">Page 363</p> <p>1</p> <p>2 related to a woman's use of talc and the</p> <p>3 Heller study that showed that there was no</p> <p>4 correlation between the two, and the</p> <p>5 general fact that you can try to control</p> <p>6 for contamination, but you can't really</p> <p>7 explain how a talc fiber that you found is</p> <p>8 found in tissue.</p> <p>9 Q. Is tremolite found in pathology</p> <p>10 labs?</p> <p>11 A. I have -- I have -- I have no</p> <p>12 idea if what he found is tremolite or if</p> <p>13 it's found in -- in -- in labs. I have no</p> <p>14 idea.</p> <p>15 Q. You have no idea whether</p> <p>16 tremolite --</p> <p>17 A. Yes.</p> <p>18 Q. -- is found in labs?</p> <p>19 A. Yes, I don't.</p> <p>20 Q. And you don't know what</p> <p>21 tremolite is?</p> <p>22 A. I believe it's an asbestiform</p> <p>23 particle.</p> <p>24 Q. Okay.</p> <p>25 And it would not be compelling</p>	<p style="text-align: right;">Page 365</p> <p>1</p> <p>2 had heavy occupational exposure to</p> <p>3 asbestos it would, because in that</p> <p>4 scenario, it's been suggested that</p> <p>5 asbestos can cause ovarian cancer. I</p> <p>6 don't know of any other data saying</p> <p>7 asbestos causes ovarian cancer from any</p> <p>8 other way that, according to her history,</p> <p>9 she could have been exposed.</p> <p>10 So no, a finding of 15 --</p> <p>11 what -- what Dr. Godleski is saying, he's</p> <p>12 saying because women who had heavy</p> <p>13 occupational exposure had an increased</p> <p>14 risk of cancer with this, that means that</p> <p>15 any particle found means that that must</p> <p>16 have caused her ovarian cancer.</p> <p>17 Q. I think we discussed earlier</p> <p>18 that IARC does not limit the</p> <p>19 carcinogenicity of asbestos and talc</p> <p>20 fibers to occupational exposure, much less</p> <p>21 heavy occupational exposure, does it?</p> <p>22 MS. DAVIDSON: Objection.</p> <p>23 A. So, IARC, if you look at the</p> <p>24 studies that they quote --</p> <p>25 Q. I'm --</p>

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<p>1</p> <p>2 A. I want to finish my -- I'm</p> <p>3 sorry, you brought it up.</p> <p>4 Q. I asked you what IARC says.</p> <p>5 MS. DAVIDSON: I'm sorry,</p> <p>6 Margaret, you're not going to be this</p> <p>7 rude.</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. Okay. Go ahead.</p> <p>10 A. This is in the IARC report. The</p> <p>11 IARC report quotes data on environmental</p> <p>12 exposure from asbestos. And none of those</p> <p>13 reached statistical significance. They</p> <p>14 are not saying that there is an increased</p> <p>15 risk in any of those studies.</p> <p>16 Does IARC mention that as part</p> <p>17 of the reasons why they're saying this?</p> <p>18 Yes. But do they have data in their</p> <p>19 report that shows that environmental</p> <p>20 exposure increased it? No. I haven't --</p> <p>21 no, they don't. I haven't reviewed it</p> <p>22 since the last time, but I'm a hundred</p> <p>23 percent sure I remember looking for that</p> <p>24 and I was confused why IARC included this</p> <p>25 group of data that actually didn't show an</p>	<p>1</p> <p>2 not what studies showed and statistical</p> <p>3 significance.</p> <p>4 Did IARC conclude that asbestos</p> <p>5 and talc fibers are a Group 1 carcinogen</p> <p>6 and cause ovarian cancer?</p> <p>7 MS. DAVIDSON: Objection.</p> <p>8 A. I've already answered that.</p> <p>9 MS. DAVIDSON: Wait a minute.</p> <p>10 Objection.</p> <p>11 What do you mean by "talc</p> <p>12 fibers"? I mean, like --</p> <p>13 MS. THOMPSON: Talc in an</p> <p>14 asbestiform habit. I'm assuming Dr.</p> <p>15 Holcomb doesn't know what that means.</p> <p>16 BY MS. THOMPSON:</p> <p>17 Q. Do you know what talc in an</p> <p>18 asbestiform habit means?</p> <p>19 A. I've already -- I'm proud to</p> <p>20 admit I'm not a mineralogist. And I'm</p> <p>21 glad you've done a lot of research in this</p> <p>22 area and you're very well-versed in this,</p> <p>23 but I take care of women with ovarian</p> <p>24 cancer and try to save their lives, and</p> <p>25 no, I don't study this the way you do.</p>
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<p>1</p> <p>2 increased risk as part of the confirmation</p> <p>3 on asbestos.</p> <p>4 Q. Okay. That was non-responsive.</p> <p>5 My question was what did IARC conclude?</p> <p>6 MS. DAVIDSON: Objection.</p> <p>7 BY MS. THOMPSON:</p> <p>8 Q. What does IARC conclude, not</p> <p>9 what Dr. Holcomb concludes.</p> <p>10 What did IARC conclude?</p> <p>11 A. IARC concluded that asbestos</p> <p>12 is -- can cause ovarian cancer.</p> <p>13 Q. Okay.</p> <p>14 And IARC did not limit it to</p> <p>15 heavy occupational exposure, did it?</p> <p>16 A. IARC's data that they came to</p> <p>17 that conclusion was based on a number of</p> <p>18 studies. Out of those studies, the only</p> <p>19 studies that showed a significant</p> <p>20 increased risk of ovarian cancer were</p> <p>21 those with occupational exposure.</p> <p>22 Q. Can you listen to my question,</p> <p>23 Dr. Holcomb?</p> <p>24 A. Yes.</p> <p>25 Q. I asked what did IARC conclude,</p>	<p>1</p> <p>2 And you're very proud that you know this,</p> <p>3 and I'm happy for you. But I don't know</p> <p>4 what it is.</p> <p>5 You can ask me a whole lot of</p> <p>6 questions about minerals and particle</p> <p>7 sizes; it's not my expertise.</p> <p>8 Q. I was trying to just ask you</p> <p>9 what IARC concluded.</p> <p>10 A. I answered that.</p> <p>11 Q. So what is key to you when</p> <p>12 considering whether asbestos could cause</p> <p>13 ovarian cancer is whether there has been</p> <p>14 heavy occupational exposure. Is that a</p> <p>15 correct statement of your opinion?</p> <p>16 A. I want to explain my opinion.</p> <p>17 If I can get two seconds, I promise not to</p> <p>18 take five minutes.</p> <p>19 If IARC comes to the conclusion</p> <p>20 that asbestos can cause ovarian cancer,</p> <p>21 yes, I want to see under what conditions</p> <p>22 IARC found that it did. And then in their</p> <p>23 report, an IARC report, they mention and</p> <p>24 the only studies they mention that</p> <p>25 significantly increased the risk of</p>

<p style="text-align: right;">Page 370</p> <p>1</p> <p>2 ovarian cancer were occupational</p> <p>3 exposures.</p> <p>4 So when you say did they say</p> <p>5 that it can cause ovarian cancer, yes,</p> <p>6 based on this literature.</p> <p>7 Q. We mentioned earlier a number of</p> <p>8 studies published in the last five years</p> <p>9 that you didn't review, correct?</p> <p>10 A. I don't know what you mean.</p> <p>11 There have been lots of studies I haven't</p> <p>12 reviewed. What studies are you referring</p> <p>13 to?</p> <p>14 Q. Regarding asbestos and ovarian</p> <p>15 cancer.</p> <p>16 A. Yes.</p> <p>17 Q. Okay.</p> <p>18 A. You mentioned -- I don't know</p> <p>19 which ones you're talking about.</p> <p>20 Q. Did you review the Kim study?</p> <p>21 A. I don't know what Kim study</p> <p>22 you're referring to.</p> <p>23 Q. Okay.</p> <p>24 Did you review the Nowak study?</p> <p>25 A. I don't know the Nowak study</p>	<p style="text-align: right;">Page 372</p> <p>1</p> <p>2 the findings of this case, it can be</p> <p>3 stated to a reasonable degree of medical</p> <p>4 certainty that the talc and tremolite</p> <p>5 particles fibers found in the tissues of</p> <p>6 Ms. Gallardo --</p> <p>7 A. I apologize, where are you</p> <p>8 reading?</p> <p>9 Q. The last sentence of the report.</p> <p>10 A. Last sentence of the report,</p> <p>11 okay.</p> <p>12 MS. DAVIDSON: Last page.</p> <p>13 THE WITNESS: Thank you.</p> <p>14 BY MS. THOMPSON:</p> <p>15 Q. I'll read it again: Therefore,</p> <p>16 based on the findings of this case, it can</p> <p>17 be stated to a reasonable degree of</p> <p>18 medical certainty that the talc and</p> <p>19 tremolite particles fibers found in the</p> <p>20 tissues of Ms. Gallardo are contributory</p> <p>21 evidence for a causal link between the</p> <p>22 presence of these materials and the</p> <p>23 development of her ovarian cancer.</p> <p>24 Will you disagree with Dr.</p> <p>25 Godleski's conclusions from his analysis?</p>
<p style="text-align: right;">Page 371</p> <p>1</p> <p>2 that you're referring to.</p> <p>3 Q. You asked me what those studies</p> <p>4 were. I'm --</p> <p>5 A. Nowak is not one person.</p> <p>6 There's lots of studies by people named</p> <p>7 Nowak.</p> <p>8 What study are you referring to?</p> <p>9 Q. They're not on your reliance</p> <p>10 list and you told me --</p> <p>11 A. You asked me if I've reviewed</p> <p>12 them. So where are the papers that you're</p> <p>13 asking me about?</p> <p>14 Q. I asked if I could assume that</p> <p>15 if it wasn't on your reliance list you</p> <p>16 hadn't reviewed it. We'll just stick with</p> <p>17 that. And then you asked me what the</p> <p>18 studies were, but we'll just go with I was</p> <p>19 just curious why it was important to you</p> <p>20 what IARC looked at in 2012, but you did</p> <p>21 not look at the studies in the last five</p> <p>22 years.</p> <p>23 We can move on.</p> <p>24 So, last sentence in Dr.</p> <p>25 Godleski's report: Therefore, based on</p>	<p style="text-align: right;">Page 373</p> <p>1</p> <p>2 MS. DAVIDSON: Objection.</p> <p>3 A. If I understand his statement,</p> <p>4 he's saying just the mere presence is</p> <p>5 evidence of a contributory or causal link,</p> <p>6 and I would have to disagree with that.</p> <p>7 Q. You're not a pathologist, are</p> <p>8 you?</p> <p>9 A. We've established that.</p> <p>10 Q. I think we established that</p> <p>11 you're not an epidemiologist, but you're</p> <p>12 not a pathologist either, correct?</p> <p>13 A. No, I'm not.</p> <p>14 Q. You read Dr. Mutch's deposition,</p> <p>15 correct?</p> <p>16 A. Correct.</p> <p>17 Q. I believe you stated that Dr.</p> <p>18 Mutch agreed with you regarding causation,</p> <p>19 correct?</p> <p>20 A. Do you have a copy of his --</p> <p>21 before I answer the question?</p> <p>22 Q. You don't remember?</p> <p>23 A. I -- I know what his</p> <p>24 deposition --</p> <p>25 MS. DAVIDSON: Please let him</p>

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<p>1 2 finish. It's not that hard. 3 A. No, I -- if we were going to get 4 into the deposition, I would just like to 5 have a copy of it to refer back to. 6 My -- my recollection is that he 7 does not believe that talc caused or 8 contributed to Ms. Gallardo's ovarian 9 cancer. So to that degree, yes, I believe 10 we're in agreement. 11 Q. And right now I'm just asking 12 you about your recollection. 13 Do you recollect what Dr. Mutch 14 testified to if tremolite was found in Ms. 15 Gallardo's tissue? 16 A. I -- I don't know what Dr. Mutch 17 testified to, but I'm pretty sure he's not 18 a pathologist, just like I'm not either. 19 Q. Okay. 20 So you don't remember anything 21 that would change your mind -- 22 A. No. 23 Q. -- regarding anything. All 24 right. 25 Did you review Dr. Longo's</p>	<p>1 2 MS. THOMPSON: He just said he 3 doesn't think he saw it. 4 A. No, this, I said I was familiar 5 with a lot of things being said. And I 6 wasn't familiar with a lot of things -- as 7 soon as you said Godleski, I said he's a 8 pathologist. How would I know that? 9 Q. Okay. 10 Do you remember reviewing Dr. 11 Longo's report regarding Ms. Gallardo? 12 A. I don't remember based on the 13 name what report it is. If you -- I don't 14 know if Dr. Longo's a pathologist, a 15 mineralogist, a GYN oncologist. You can't 16 say the name. I know you're very familiar 17 with this case, but if you just say the 18 name, I don't know whose report you're 19 referring to. 20 Q. Did you see a reference in Dr. 21 Wolf's report to Dr. Longo's analysis of 22 the exposure that Ms. Gallardo had from 23 talcum powder? 24 A. I don't recall. 25 Q. You don't recall whether you saw</p>
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<p>1 2 report in the Gallardo case? 3 A. I have to look and see. 4 Q. I'll represent it's not on your 5 reliance list. 6 A. I don't think -- I don't believe 7 so. 8 MS. THOMPSON: Was that a 9 mistake on that one too, Jessica? 10 MS. DAVIDSON: Excuse me. 11 MS. THOMPSON: Well, you wanted 12 to -- 13 MS. DAVIDSON: That misstates 14 what I said before, number one. 15 Number two -- 16 MS. THOMPSON: I don't think it 17 misstates what you said. 18 MS. DAVIDSON: It does misstate 19 what I said. 20 MS. THOMPSON: What did you say? 21 Let's clarify it on the reason 22 why Godleski -- 23 MS. DAVIDSON: I do believe, as 24 Dr. Holcomb said earlier, he does 25 think that he saw this, right?</p>	<p>1 2 it or not or you don't recall -- 3 A. I don't recall whether I saw it 4 or not. 5 Q. -- seeing it? 6 So you may have seen it? 7 A. Yeah, I don't recall if I saw 8 it. 9 MS. THOMPSON: Let's mark this 10 Exhibit 34. 11 (Holcomb Exhibit 34, expert 12 report of William E. Longo, Ph.D., was 13 marked for identification, as of this 14 date.) 15 BY MS. THOMPSON: 16 Q. Does this report look familiar? 17 Does this look familiar, Dr. Holcomb? 18 A. The report doesn't look 19 familiar. And the name Longo sounds 20 familiar, but I don't remember seeing 21 this. 22 Q. Okay. 23 It's not on your reliance list. 24 So like the studies, can we assume that 25 you did not see it if it's not on your</p>

<p style="text-align: right;">Page 378</p> <p>1</p> <p>2 reliance list and you don't recognize it?</p> <p>3 A. I -- I don't remember if I've</p> <p>4 seen it or not. If you ask me questions,</p> <p>5 it might stir my memory, like this last</p> <p>6 report did.</p> <p>7 Q. Okay.</p> <p>8 MS. DAVIDSON: Are you asking</p> <p>9 questions about this?</p> <p>10 MS. THOMPSON: Yes.</p> <p>11 MS. DAVIDSON: So should he read</p> <p>12 it?</p> <p>13 MS. THOMPSON: No, I'm going to</p> <p>14 ask questions about it.</p> <p>15 MS. DAVIDSON: Well, he can't</p> <p>16 answer questions about it unless he</p> <p>17 reads it.</p> <p>18 MS. THOMPSON: Well, he should</p> <p>19 have read it before he came in today.</p> <p>20 MS. DAVIDSON: Excuse me? Why</p> <p>21 should he have read it before he came</p> <p>22 in today if it's not on his reliance</p> <p>23 list?</p> <p>24 BY MS. THOMPSON:</p> <p>25 Q. Would it have been relevant on</p>	<p style="text-align: right;">Page 380</p> <p>1</p> <p>2 this witness is not acceptable to me.</p> <p>3 MS. THOMPSON: Giving Longo --</p> <p>4 wait a minute.</p> <p>5 I want to understand that you're</p> <p>6 saying that giving Dr. Longo's</p> <p>7 case-specific report on the plaintiff</p> <p>8 that Dr. Holcomb is giving opinions on</p> <p>9 is inappropriate?</p> <p>10 MS. DAVIDSON: No. I was</p> <p>11 talking about the way you're speaking</p> <p>12 to the witness is incredibly rude.</p> <p>13 And we're going to take a break right</p> <p>14 now.</p> <p>15 MS. O'DELL: There's nothing on</p> <p>16 the record that's been rude to Dr.</p> <p>17 Holcomb. I think he's aware of that.</p> <p>18 THE WITNESS: I would disagree.</p> <p>19 There have been --</p> <p>20 MS. THOMPSON: Is this going to</p> <p>21 be five minutes or 35 minutes?</p> <p>22 THE WITNESS: We'll be five</p> <p>23 minutes.</p> <p>24 (Recess taken.)</p> <p>25</p>
<p style="text-align: right;">Page 379</p> <p>1</p> <p>2 your opinions on Ms. Gallardo --</p> <p>3 MS. DAVIDSON: How would he know</p> <p>4 if it would be relevant if he didn't</p> <p>5 see it?</p> <p>6 MS. THOMPSON: Okay. Read it.</p> <p>7 Off the record.</p> <p>8 MS. DAVIDSON: Wait, why are we</p> <p>9 going off the record?</p> <p>10 MS. THOMPSON: If he's going to</p> <p>11 read a long report that was disclosed</p> <p>12 in all the expert reports that has</p> <p>13 direct relevance to Ms. Gallardo's</p> <p>14 case, then we can go off the record if</p> <p>15 he needs to read this.</p> <p>16 MS. O'DELL: It's two pages</p> <p>17 relevant to --</p> <p>18 MS. DAVIDSON: She just said it</p> <p>19 was a long report.</p> <p>20 MS. THOMPSON: Well, he wanted</p> <p>21 to read the entire report.</p> <p>22 MS. O'DELL: Let's go off the</p> <p>23 record then.</p> <p>24 MS. DAVIDSON: We're going to</p> <p>25 take a break 'cause your rudeness to</p>	<p style="text-align: right;">Page 381</p> <p>1</p> <p>2 BY MS. THOMPSON:</p> <p>3 Q. Dr. Holcomb, what did you</p> <p>4 discuss with the lawyer sitting next to</p> <p>5 you on the break?</p> <p>6 A. I basically read my -- this</p> <p>7 report.</p> <p>8 Q. You read the Longo report on the</p> <p>9 break?</p> <p>10 A. Not the whole thing. I just</p> <p>11 went to Gallardo.</p> <p>12 Q. And did you discuss the report</p> <p>13 with Jessica?</p> <p>14 A. I asked her questions like they</p> <p>15 say 8.2 grams per application. I was just</p> <p>16 curious to say it says it's based on J&J's</p> <p>17 own studies. I'm just wondering one</p> <p>18 person's shaker of a bottle, how does that</p> <p>19 equal out. And she said it was based on</p> <p>20 the studies. So I asked her well, is</p> <p>21 there a study that says how much is in</p> <p>22 somebody's hands. I was just curious</p> <p>23 about the numbers.</p> <p>24 Q. Okay.</p> <p>25 So when Jessica asked for a</p>

<p style="text-align: right;">Page 382</p> <p>1</p> <p>2 break, the break consisted of reading and</p> <p>3 discussing the Longo report, correct?</p> <p>4 MS. DAVIDSON: No.</p> <p>5 A. Yeah.</p> <p>6 MS. DAVIDSON: Not discussing</p> <p>7 it.</p> <p>8 A. Not discussing it, but I just</p> <p>9 read that.</p> <p>10 MS. THOMPSON: He said he asked</p> <p>11 you questions.</p> <p>12 MS. DAVIDSON: It was that one</p> <p>13 question. It was a rhetorical</p> <p>14 question, how does anybody know how</p> <p>15 much talc a woman uses, don't people</p> <p>16 use different amounts of talc.</p> <p>17 BY MS. THOMPSON:</p> <p>18 Q. Was there an answer to the</p> <p>19 question?</p> <p>20 MS. DAVIDSON: The answer was I</p> <p>21 have absolutely no idea how you would</p> <p>22 not how much talc a person uses.</p> <p>23 It was a rhetorical question.</p> <p>24 MS. THOMPSON: That's all I</p> <p>25 asked.</p>	<p style="text-align: right;">Page 384</p> <p>1</p> <p>2 that you're not an expert in asbestos</p> <p>3 testing, correct?</p> <p>4 A. Correct.</p> <p>5 Q. And you agree with Dr. Longo's</p> <p>6 analysis that Ms. Gallardo began using at</p> <p>7 age 16 and stopped at 36 and that</p> <p>8 consisted of 20 years of using it every</p> <p>9 day?</p> <p>10 A. Yes.</p> <p>11 Q. From her deposition testimony,</p> <p>12 correct?</p> <p>13 A. Yes.</p> <p>14 Q. And she also stated in her</p> <p>15 deposition testimony that Dr. Longo</p> <p>16 records that she put a few shakes of</p> <p>17 Johnson's Baby Powder on her genital area,</p> <p>18 then put it in her hand and then padded it</p> <p>19 in her genital area and basically used it</p> <p>20 all over on the other parts of her body.</p> <p>21 Do you remember that testimony</p> <p>22 from Ms. Gallardo?</p> <p>23 A. I do.</p> <p>24 Q. And on the next page, page 14,</p> <p>25 Dr. Longo does a calculation based on</p>
<p style="text-align: right;">Page 383</p> <p>1</p> <p>2 MS. DAVIDSON: There was no</p> <p>3 discussion of the substance of the</p> <p>4 paper.</p> <p>5 MS. O'DELL: Other than that.</p> <p>6 MS. DAVIDSON: I don't think</p> <p>7 that's --</p> <p>8 MS. O'DELL: Let's move on.</p> <p>9 MS. DAVIDSON: It was a</p> <p>10 rhetorical question. We were joking</p> <p>11 around about it.</p> <p>12 MS. O'DELL: We have limited</p> <p>13 time here.</p> <p>14 BY MS. THOMPSON:</p> <p>15 Q. Dr. Holcomb, if you'll turn to</p> <p>16 page 13 in the report.</p> <p>17 A. Yes.</p> <p>18 Q. And I'm really not going to ask</p> <p>19 you any opinions about Dr. Longo's testing</p> <p>20 methods. I just want to have you on the</p> <p>21 record what Dr. Longo found.</p> <p>22 Is that fair?</p> <p>23 A. So you're testing my reading.</p> <p>24 Yes.</p> <p>25 Q. Because you've already testified</p>	<p style="text-align: right;">Page 385</p> <p>1</p> <p>2 which mine the talcum powder came from</p> <p>3 from 1968 to 1988.</p> <p>4 Do you see that?</p> <p>5 A. Yes.</p> <p>6 Q. And he does a calculation of 20</p> <p>7 years, 52 weeks, 6 days a week of 6,240</p> <p>8 total.</p> <p>9 Do you have any reason to doubt</p> <p>10 that calculation?</p> <p>11 A. No.</p> <p>12 Q. And then in the Vermont source</p> <p>13 talcum powder, he does a similar 62 -- let</p> <p>14 me backtrack.</p> <p>15 In the text above the</p> <p>16 calculation, using Johnson & Johnson's</p> <p>17 data on the dosage that a woman uses</p> <p>18 getting perineal application, I don't</p> <p>19 expect you to have seen that or understand</p> <p>20 it, but he comes up with that would be 8.2</p> <p>21 grams per application is what Dr. Longo</p> <p>22 uses in his calculation, correct?</p> <p>23 A. That's true.</p> <p>24 Q. And using 8.2 grams with 6,240</p> <p>25 applications would be 51,000 grams of</p>

<p style="text-align: right;">Page 386</p> <p>1</p> <p>2 Johnson's Baby Powder used over this time</p> <p>3 period.</p> <p>4 Do you agree with that</p> <p>5 calculation?</p> <p>6 A. I can do it really fast.</p> <p>7 (Pause.)</p> <p>8 Yes.</p> <p>9 Q. And then Dr. Longo goes on to</p> <p>10 divide the grams by how many grams in an</p> <p>11 ounce and arrives at 1,827 ounces of</p> <p>12 Johnson's Baby Powder.</p> <p>13 Is that what Dr. Longo</p> <p>14 calculates?</p> <p>15 A. That's what he does.</p> <p>16 Q. And then he goes on that his</p> <p>17 testing has shown 76 percent of these two</p> <p>18 groups of samples were positive for</p> <p>19 amphibole asbestos and/or chrysotile.</p> <p>20 That's what Dr. Longo states,</p> <p>21 correct?</p> <p>22 A. Let me just go back to where he</p> <p>23 says that again.</p> <p>24 Q. The last sentence.</p> <p>25 A. (Witness reads document.)</p>	<p style="text-align: right;">Page 388</p> <p>1</p> <p>2 what Dr. Longo determined would be the</p> <p>3 best approximation to what Ms. Gallardo</p> <p>4 used with the description that she</p> <p>5 provided in her deposition?</p> <p>6 I'm just asking you that's what</p> <p>7 Dr. Longo decided.</p> <p>8 A. This is what Dr. Longo said,</p> <p>9 yes.</p> <p>10 Q. I'm not asking you whether you</p> <p>11 agree or would interpret the same.</p> <p>12 A. So is this -- this is a test of</p> <p>13 my reading ability, or?</p> <p>14 Q. I'm just asking questions.</p> <p>15 A. Okay.</p> <p>16 Q. I'm not testing anyone's reading</p> <p>17 ability. I totally assume you can read.</p> <p>18 Let's go to your expert report</p> <p>19 page 22. And the first full paragraph you</p> <p>20 state: There is no doubt that talc can</p> <p>21 induce a local inflammatory response in</p> <p>22 sufficient doses.</p> <p>23 So is it your opinion that a</p> <p>24 pleurodesis dose causes a local</p> <p>25 inflammatory reaction?</p>
<p style="text-align: right;">Page 387</p> <p>1</p> <p>2 Q. I'm just asking what Dr. Longo</p> <p>3 says in his report.</p> <p>4 A. It's confusing, one, because he</p> <p>5 says these two groups of samples, but he</p> <p>6 says three non-historical, 36 historical</p> <p>7 and 15 historical Vermont and then he says</p> <p>8 these two groups. So I'm not sure what</p> <p>9 are the two groups when he just mentioned</p> <p>10 three. I don't understand who are the</p> <p>11 three he's talking about -- or these two.</p> <p>12 Q. Okay.</p> <p>13 If you could turn to table 1,</p> <p>14 the next to the last page, how the</p> <p>15 calculations are made as far as the</p> <p>16 amount.</p> <p>17 A. Are we talking about table 1?</p> <p>18 Q. Yes.</p> <p>19 A. Yes.</p> <p>20 Q. J&J Application Exposure</p> <p>21 Studies.</p> <p>22 And you would agree that Ms.</p> <p>23 Gallardo is a female, correct?</p> <p>24 A. Yes.</p> <p>25 Q. And the 8.2 grams was at least</p>	<p style="text-align: right;">Page 389</p> <p>1</p> <p>2 A. Yes.</p> <p>3 Q. Okay.</p> <p>4 And is it your opinion, because</p> <p>5 of the studies that you cite in that same</p> <p>6 paragraph, that that amount of talc used</p> <p>7 in a pleurodesis dosage, if it were going</p> <p>8 to cause cancer, would be a sufficient</p> <p>9 amount?</p> <p>10 A. No.</p> <p>11 Q. Then why did you state that the</p> <p>12 studies that say that amount does not lead</p> <p>13 to cancer --</p> <p>14 A. Can I ask you one more time</p> <p>15 exactly where you are?</p> <p>16 Q. I'm in the paragraph on</p> <p>17 pleurodesis.</p> <p>18 A. Okay.</p> <p>19 And your question now is?</p> <p>20 Q. You have testified that the</p> <p>21 pleurodesis dose is enough to cause a</p> <p>22 local inflammatory response, correct?</p> <p>23 A. Yes.</p> <p>24 Q. And this inflammatory response</p> <p>25 has been recognized for decades, correct?</p>

<p style="text-align: right;">Page 390</p> <p>1</p> <p>2 A. Yes.</p> <p>3 Q. What's the average life</p> <p>4 expectancy after pleurodesis?</p> <p>5 A. For what reason?</p> <p>6 Q. Across the board.</p> <p>7 A. I don't know. Pleurodesis is</p> <p>8 used for malignant and non-malignant</p> <p>9 reasons. So I don't know what percentage</p> <p>10 is used.</p> <p>11 Q. Would you agree that the</p> <p>12 majority are for malignant reasons?</p> <p>13 A. I -- no, I don't know if that's</p> <p>14 the case. I mean, I -- the patients get</p> <p>15 pleurodesis effusions from non-malignant</p> <p>16 causes as well.</p> <p>17 Q. Have you looked at any</p> <p>18 literature that looks at all comers</p> <p>19 receiving pleurodesis and what the average</p> <p>20 life expectancy is?</p> <p>21 A. All comers?</p> <p>22 Q. Everyone who gets pleurodesis,</p> <p>23 malignant and non-malignant.</p> <p>24 A. If they mention the average</p> <p>25 survival, I don't know what it is.</p>	<p style="text-align: right;">Page 392</p> <p>1</p> <p>2 and I don't know what the average number</p> <p>3 would be.</p> <p>4 Q. Okay. All right. "I don't</p> <p>5 know" is a perfectly fine answer.</p> <p>6 So you've established that the</p> <p>7 pleurodesis procedure involves the direct</p> <p>8 injection of 0.5 to 10 grams of talc</p> <p>9 directly into the cavity surrounding the</p> <p>10 lungs, correct?</p> <p>11 A. Yes.</p> <p>12 Q. Is it your opinion that the</p> <p>13 dosage to the lungs with pleurodesis would</p> <p>14 be greater than that with a woman who uses</p> <p>15 talcum powder on her genitalia for decades</p> <p>16 daily?</p> <p>17 MS. DAVIDSON: Objection.</p> <p>18 A. I have no opinion.</p> <p>19 Q. You have no opinion --</p> <p>20 A. No.</p> <p>21 Q. -- on that?</p> <p>22 A. I -- I don't even -- we've gone</p> <p>23 through migration and I told you all the</p> <p>24 issues I had with -- so you're asking me</p> <p>25 to estimate how much talc gets from the</p>
<p style="text-align: right;">Page 391</p> <p>1</p> <p>2 Q. Would approximately 13 months be</p> <p>3 a surprise?</p> <p>4 A. I'm not -- I don't -- I don't</p> <p>5 know what the number is. You're asking me</p> <p>6 would I be surprised, I just don't know</p> <p>7 what it is.</p> <p>8 Q. And what is the average number</p> <p>9 of pleurodesis procedures a typical</p> <p>10 patient would undergo?</p> <p>11 A. I don't know.</p> <p>12 Q. One?</p> <p>13 A. I don't know what the average</p> <p>14 number would be.</p> <p>15 Q. Five?</p> <p>16 A. I don't know what the average</p> <p>17 number would be.</p> <p>18 MS. DAVIDSON: Objection; asked</p> <p>19 and answered.</p> <p>20 BY MS. THOMPSON:</p> <p>21 Q. You don't have any idea?</p> <p>22 MS. DAVIDSON: Objection; asked</p> <p>23 and answered twice.</p> <p>24 A. You're asking for all people who</p> <p>25 get pleurodesis what's the average number,</p>	<p style="text-align: right;">Page 393</p> <p>1</p> <p>2 perineum to the peritoneum and I've</p> <p>3 already told you that I'm not convinced it</p> <p>4 does.</p> <p>5 Q. Do you have any information as</p> <p>6 to whether occupational exposure would</p> <p>7 result in a greater ovarian load than</p> <p>8 perineal application of talc would?</p> <p>9 A. What are we talking about, an</p> <p>10 occupational exposure of?</p> <p>11 Q. Well, you've made a big point</p> <p>12 that ovarian cancer is only caused by</p> <p>13 asbestos if there's occupational exposure.</p> <p>14 A. I said that ovarian cancer --</p> <p>15 the only data I know linking asbestos</p> <p>16 exposure to ovarian cancer has been in the</p> <p>17 setting of occupational exposure, yes.</p> <p>18 Q. Let's just calculate how, using</p> <p>19 Longo's data, how much exposure there</p> <p>20 would be to a woman using daily talc for</p> <p>21 20 years compared to pleurodesis, okay?</p> <p>22 A. No, I want to clarify.</p> <p>23 Are you assuming that everything</p> <p>24 she put, her 8.2, all get to the</p> <p>25 peritoneal cavity?</p>

<p style="text-align: right;">Page 394</p> <p>1</p> <p>2 Q. No.</p> <p>3 A. How much are you talking about?</p> <p>4 Q. I'm just talking about her</p> <p>5 exposure.</p> <p>6 A. But you're talking about to the</p> <p>7 ovaries. How much exposure to her ovaries</p> <p>8 is what we're talking about, not how much</p> <p>9 exposure to the perineum.</p> <p>10 Q. Does talc as pleurodesis, all of</p> <p>11 it get to the ovaries?</p> <p>12 A. No, you're really confused about</p> <p>13 what I'm saying.</p> <p>14 All of it gets to the</p> <p>15 perineum -- sorry, to the pleurae. It's</p> <p>16 put into the pleurae directly. So 100</p> <p>17 percent of the talc is put into the</p> <p>18 pleurae.</p> <p>19 You're asking me to compare how</p> <p>20 much is dusted on the outside and gets to</p> <p>21 the -- to compare.</p> <p>22 Q. Fair enough. I'm not assuming</p> <p>23 that all of it gets there.</p> <p>24 A. How much gets there?</p> <p>25 Q. We're just doing a calculation</p>	<p style="text-align: right;">Page 396</p> <p>1</p> <p>2 reaction.</p> <p>3 Q. So no opinion?</p> <p>4 A. I -- I don't know -- I mean, the</p> <p>5 literature on migration, I've already</p> <p>6 written in my report, is inconsistent.</p> <p>7 Q. It's really fine to say that "I</p> <p>8 don't have an opinion on that."</p> <p>9 A. I'm explaining why -- to say "I</p> <p>10 don't have an opinion" can be taken as</p> <p>11 I've never thought of this, or I don't</p> <p>12 have an opinion because I've thought about</p> <p>13 it and the literature doesn't allow me to</p> <p>14 have an opinion.</p> <p>15 I just want to distinguish</p> <p>16 between I just don't have the thought or I</p> <p>17 thought about it and I can't answer that</p> <p>18 question.</p> <p>19 Q. Okay.</p> <p>20 And you're aware that scientists</p> <p>21 and researchers have proposed that talc</p> <p>22 pleurodesis not be used in non-malignant</p> <p>23 plural effusion treatment because of the</p> <p>24 risk of asbestos exposure. Are you aware</p> <p>25 of that literature?</p>
<p style="text-align: right;">Page 395</p> <p>1</p> <p>2 compared to the application of talc on the</p> <p>3 perineum compared to pleurodesis.</p> <p>4 And I'll ask the questions and</p> <p>5 you just have to answer them to the best</p> <p>6 of your ability.</p> <p>7 A. Okay.</p> <p>8 Q. Is it your opinion that talcum</p> <p>9 powder used daily over decades in the</p> <p>10 genital area would be insufficient to</p> <p>11 cause inflammatory response in the</p> <p>12 ovaries?</p> <p>13 A. Repeat the question one more</p> <p>14 time for me.</p> <p>15 Q. Is it your opinion that despite</p> <p>16 the fact this a woman is using talcum</p> <p>17 powder daily over decades, that the</p> <p>18 exposure to talcum powder would be</p> <p>19 insufficient to cause an inflammatory</p> <p>20 response in the ovaries?</p> <p>21 A. I have no idea how much talcum</p> <p>22 powder, if it can even get to the ovaries,</p> <p>23 and how much would get there. So I can't</p> <p>24 offer an opinion about whether it would be</p> <p>25 sufficient to cause an inflammatory</p>	<p style="text-align: right;">Page 397</p> <p>1</p> <p>2 MS. DAVIDSON: Objection.</p> <p>3 A. I've seen the recommendation. I</p> <p>4 don't know, to be honest, what it's based,</p> <p>5 and I don't believe it's based on proof</p> <p>6 that pleurodesis causes mesothelioma.</p> <p>7 Q. Would that have been of interest</p> <p>8 to you in your opinions that you gave her</p> <p>9 with pleurodesis?</p> <p>10 A. If pleurodesis caused</p> <p>11 mesothelioma, not really because we're</p> <p>12 talking about ovarian cancer, not</p> <p>13 mesothelioma.</p> <p>14 Q. Okay.</p> <p>15 So the dose in your report is</p> <p>16 0.5 to 10 grams, correct?</p> <p>17 A. Correct.</p> <p>18 Q. And if we assume that Ms.</p> <p>19 Gallardo had 6,240 applications, what Dr.</p> <p>20 Longo stated in his report and you agreed</p> <p>21 to, correct?</p> <p>22 A. Yeah, that's what he said in his</p> <p>23 report.</p> <p>24 Q. And he calculated that that</p> <p>25 would represent 51,000 grams --</p>

<p style="text-align: right;">Page 398</p> <p>1</p> <p>2 A. Correct.</p> <p>3 Q. -- of talc applied to the</p> <p>4 perineum, right?</p> <p>5 A. Right.</p> <p>6 Q. This, just a calculation, that</p> <p>7 this would be 2,428 times the average</p> <p>8 pleurodesis dose.</p> <p>9 A. You can't -- again I think I was</p> <p>10 pretty clear about this. Your assumption</p> <p>11 in your calculation is that all of this is</p> <p>12 going through, and I started off very</p> <p>13 early this morning we were talking about</p> <p>14 natural barriers. The female genital</p> <p>15 tract is not built so that anything makes</p> <p>16 its way to the vagina can get inside the</p> <p>17 peritoneal cavity. Can you imagine the</p> <p>18 havoc that would be reeked if that was the</p> <p>19 case?</p> <p>20 So I have no idea if talc is</p> <p>21 able to get to the ovaries.</p> <p>22 You're asking me to compare</p> <p>23 exposures, and here's a problem with the</p> <p>24 whole literature on this topic, looking</p> <p>25 for dose response curves, to be honest, is</p>	<p style="text-align: right;">Page 400</p> <p>1</p> <p>2 response?</p> <p>3 A. It's my opinion that a dose of</p> <p>4 that amount would not cause ovarian</p> <p>5 cancer. I don't know if --</p> <p>6 Q. My question was an inflammatory</p> <p>7 response.</p> <p>8 A. I don't have proof that it even</p> <p>9 got to the ovaries.</p> <p>10 So no, it is my opinion that --</p> <p>11 I don't have an opinion on inflammatory</p> <p>12 response. I have an opinion on whether it</p> <p>13 causes cancer.</p> <p>14 Q. Okay.</p> <p>15 So you have no opinion as to</p> <p>16 whether talcum powder causes an</p> <p>17 inflammatory response in the ovary?</p> <p>18 A. No, I don't have an opinion</p> <p>19 about that.</p> <p>20 Q. Okay.</p> <p>21 One way or the other, no</p> <p>22 opinion?</p> <p>23 A. No.</p> <p>24 Q. Okay.</p> <p>25 I'm going to ask you about just</p>
<p style="text-align: right;">Page 399</p> <p>1</p> <p>2 that you can apply something to the</p> <p>3 perineum. You have no idea if and how</p> <p>4 much is getting there. So we can do this</p> <p>5 practice, but you can't equate the two.</p> <p>6 Q. Dr. Holcomb, I didn't ask you</p> <p>7 anything about dose response. Please just</p> <p>8 answer my question. I'm asking relatively</p> <p>9 short, simple questions partly in an</p> <p>10 effort to get you out of here. So I know</p> <p>11 you want to say things --</p> <p>12 A. If I can --</p> <p>13 Q. Let me finish. I know you want</p> <p>14 to say things, but if you would just</p> <p>15 answer my question, I would appreciate it.</p> <p>16 A. If I could answer --</p> <p>17 Q. So that answer was</p> <p>18 non-responsive to the question.</p> <p>19 A. If I could --</p> <p>20 Q. There's no question on the table</p> <p>21 right now.</p> <p>22 As a J&J expert in this</p> <p>23 litigation, is it your opinion that Ms.</p> <p>24 Gallardo's exposure of 51,000 grams to the</p> <p>25 perineum would not cause an inflammatory</p>	<p style="text-align: right;">Page 401</p> <p>1</p> <p>2 a few articles that have been published</p> <p>3 since your 2019 deposition.</p> <p>4 A question for you. Have you</p> <p>5 testified, outside of the talcum powder</p> <p>6 litigation, as an expert witness in the</p> <p>7 past four years?</p> <p>8 A. No.</p> <p>9 Q. No depositions and no trial</p> <p>10 testimony?</p> <p>11 A. None.</p> <p>12 MS. THOMPSON: Let's mark 35.</p> <p>13 (Holcomb Exhibit 35, Phung</p> <p>14 article - 2022, was marked for</p> <p>15 identification, as of this date.)</p> <p>16 BY MS. THOMPSON:</p> <p>17 Q. Did you review the Phung paper</p> <p>18 "Effects of risk factors of ovarian cancer</p> <p>19 in women with and without endometriosis"?</p> <p>20 A. You know, unfortunately, I</p> <p>21 didn't look at any of these papers on</p> <p>22 paper. It was all on my computer, so it</p> <p>23 looks slightly different when you present</p> <p>24 it this way.</p> <p>25 Q. Fair enough.</p>

<p style="text-align: right;">Page 402</p> <p>1</p> <p>2 (Pause.)</p> <p>3 A. No.</p> <p>4 Q. So the Phung paper is a</p> <p>5 publication by the Ovarian Cancer</p> <p>6 Association Consortium.</p> <p>7 Are you familiar with that</p> <p>8 organization?</p> <p>9 A. Yes.</p> <p>10 Q. And the paper is published in</p> <p>11 Fert. and Ster.</p> <p>12 Are you familiar with that</p> <p>13 journal?</p> <p>14 A. What was the name?</p> <p>15 Q. Fertility and Sterility.</p> <p>16 A. Yes, I am.</p> <p>17 Q. And Fertility and Sterility is</p> <p>18 the journal for the reproductive and</p> <p>19 infertility subspecialty group of OB-GYN,</p> <p>20 correct?</p> <p>21 A. Yes.</p> <p>22 Q. If we look at the authors, I</p> <p>23 believe there's approximately 25 authors</p> <p>24 on this paper. And Britton Trabert we've</p> <p>25 already discussed is at NIH. You see Dr.</p>	<p style="text-align: right;">Page 404</p> <p>1</p> <p>2 menopausal hormonal therapy use, estrogen</p> <p>3 only therapy, and estrogen-progesterone</p> <p>4 therapy and aging menarche.</p> <p>5 Did I read that correctly?</p> <p>6 A. You did.</p> <p>7 Q. So at least these authors in</p> <p>8 this paper recognize talc use as one of</p> <p>9 ten well-established ovarian cancer risk</p> <p>10 factors, correct?</p> <p>11 A. Yeah, they call it</p> <p>12 well-established. And there's other</p> <p>13 things on this list that they're calling</p> <p>14 well-established, not just talc.</p> <p>15 Q. I'm just asking --</p> <p>16 A. They do.</p> <p>17 Q. -- these authors include --</p> <p>18 A. They include it as</p> <p>19 well-established, even though I disagree</p> <p>20 with that.</p> <p>21 Q. Okay. And I understand you</p> <p>22 disagree. I'm talking about the authors</p> <p>23 of this paper.</p> <p>24 A. Yes, these authors use that</p> <p>25 term.</p>
<p style="text-align: right;">Page 403</p> <p>1</p> <p>2 Terry, Dr. Cramer, Dr. Harris, Andy</p> <p>3 Berchuck at Duke.</p> <p>4 Do you know Andy Berchuck?</p> <p>5 A. I do.</p> <p>6 Q. And this paper looked at the</p> <p>7 risk of patients with endometriosis</p> <p>8 developing ovarian cancer and whether</p> <p>9 combined with other risk factors it</p> <p>10 increased the risk.</p> <p>11 And if you look at page 2,</p> <p>12 second column at the top of the partial</p> <p>13 paragraph it begins "Differences possibly</p> <p>14 because of small sample size."</p> <p>15 Do you see where I am?</p> <p>16 A. Yes.</p> <p>17 Q. Just above "Materials and</p> <p>18 Methods." And beginning: Our analysis</p> <p>19 considers ten well-established ovarian</p> <p>20 cancer risk factors including BMI, talcum</p> <p>21 powder, i.e. talc use, family history of</p> <p>22 ovarian cancer, non-steroidal</p> <p>23 anti-inflammatory drug (NSAID) use,</p> <p>24 breast-feeding, hormonal oral</p> <p>25 contraceptive use, parity tubal ligation,</p>	<p style="text-align: right;">Page 405</p> <p>1</p> <p>2 Q. So there are other researchers</p> <p>3 out there that believe that talcum powder</p> <p>4 is a well-established risk factor,</p> <p>5 correct?</p> <p>6 MS. DAVIDSON: Objection; asked</p> <p>7 and answered.</p> <p>8 A. There are clearly people outside</p> <p>9 of the -- I would say that this opinion is</p> <p>10 outside the generally accepted. They're</p> <p>11 calling it well-established, and I already</p> <p>12 showed you that ACOG doesn't consider it</p> <p>13 well-established and NCI doesn't consider</p> <p>14 it well-established and SGO doesn't</p> <p>15 consider it well-established. And some of</p> <p>16 these folks are members of these</p> <p>17 organizations. So they're part of</p> <p>18 organizations that have publications</p> <p>19 saying that they don't accept it as</p> <p>20 well-established and yet they published</p> <p>21 that it's well-established.</p> <p>22 So yes, they hold this opinion.</p> <p>23 I would say they're out on an island with</p> <p>24 this opinion.</p> <p>25 Q. Okay. And we've talked about</p>

<p style="text-align: right;">Page 406</p> <p>1</p> <p>2 the hundreds of authors --</p> <p>3 A. Do you mean how many doctors in</p> <p>4 ACOG compared to --</p> <p>5 Q. Have you --</p> <p>6 MS. DAVIDSON: We're doing this</p> <p>7 again talking over each other.</p> <p>8 BY MS. THOMPSON:</p> <p>9 Q. Have you surveyed any of those</p> <p>10 doctors as to their opinions on talc?</p> <p>11 A. Just the ones that I work with.</p> <p>12 Q. So only the doctors in your</p> <p>13 department, correct?</p> <p>14 A. Yes. And I have yet to find</p> <p>15 anybody who disagrees with ACOG and NCI</p> <p>16 and SGO.</p> <p>17 Q. Let's look at the discussion on</p> <p>18 page 5: For these authors -- Andy</p> <p>19 Berchuck, is he outside the</p> <p>20 well-establishment of ACOG and SGO?</p> <p>21 A. Clearly with this opinion he is.</p> <p>22 We just talked about this. He says that</p> <p>23 NSAIDs are well-established --</p> <p>24 Q. In general, is Andy Berchuck</p> <p>25 considered to be outside of the</p>	<p style="text-align: right;">Page 408</p> <p>1</p> <p>2 Q. And would that apply to any</p> <p>3 other article on your reliance list or</p> <p>4 discussed today or in your report?</p> <p>5 A. Would what apply?</p> <p>6 Q. Let me finish my question.</p> <p>7 A. Sure.</p> <p>8 Q. Would that apply to any other</p> <p>9 author that's on a paper that says talcum</p> <p>10 powder is a risk factor for ovarian</p> <p>11 cancer?</p> <p>12 A. Any author who says that talcum</p> <p>13 powder is a well-established risk factor</p> <p>14 is outside the mainstream, yes.</p> <p>15 Q. Every author that's published an</p> <p>16 article --</p> <p>17 A. Every author that says that</p> <p>18 talcum powder is a well-established risk</p> <p>19 factor for ovarian cancer is outside the</p> <p>20 mainstream by my definition of being</p> <p>21 mainstream being the bodies that we</p> <p>22 respect and trust to educate patients and</p> <p>23 doctors on topics. And I know of none</p> <p>24 that say that talcum powder use is an</p> <p>25 established, a well-established, I'm using</p>
<p style="text-align: right;">Page 407</p> <p>1</p> <p>2 establishment in the GYN oncology field?</p> <p>3 MS. DAVIDSON: I'm going to</p> <p>4 object to that question.</p> <p>5 THE WITNESS: I can answer now?</p> <p>6 MS. DAVIDSON: I don't know what</p> <p>7 it means.</p> <p>8 A. I don't know what you mean by</p> <p>9 "in general."</p> <p>10 What I'm saying in specific to</p> <p>11 this opinion that you're pointing to, he</p> <p>12 is well outside of the general feeling.</p> <p>13 There is no -- there is no major body that</p> <p>14 you pointed to, that I've pointed to that</p> <p>15 says that talc is a well-established risk</p> <p>16 factor for ovarian cancer.</p> <p>17 Q. And that would go for every</p> <p>18 author listed on this paper?</p> <p>19 A. If Andy Berchuck agrees with</p> <p>20 this and if all the other authors agree</p> <p>21 with that statement, 'cause I haven't had</p> <p>22 a chance to query them, yes, I would say</p> <p>23 they are outside the mainstream with this</p> <p>24 belief that this is a well-established</p> <p>25 risk factor.</p>	<p style="text-align: right;">Page 409</p> <p>1</p> <p>2 the word that they're using, a</p> <p>3 well-established risk factor for ovarian</p> <p>4 cancer.</p> <p>5 Q. Other than authors that are on</p> <p>6 multiple papers that consider talc a</p> <p>7 well-established risk factor?</p> <p>8 MS. DAVIDSON: Objection.</p> <p>9 A. What's the question?</p> <p>10 Q. Have you looked at the Wu</p> <p>11 papers?</p> <p>12 A. You're again mentioning just a</p> <p>13 name. And I'm sure I read papers by</p> <p>14 authors with the last name Wu, so if you</p> <p>15 have a specific paper --</p> <p>16 Q. We'll move on.</p> <p>17 MS. DAVIDSON: You just</p> <p>18 interrupted him. Literally he's in</p> <p>19 the middle of a sentence.</p> <p>20 Guys, you got to stop. And when</p> <p>21 I say guys, that's not fair because I</p> <p>22 think Dr. Holcomb is trying not to</p> <p>23 interrupt you, but you are just</p> <p>24 mercifully interrupting him.</p> <p>25 MS. O'DELL: I think, to be</p>

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<p>1 2 fair, both of them have been 3 interrupting each other. So if you 4 can just try. 5 MS. THOMPSON: We will. 6 BY MS. THOMPSON: 7 Q. Can you go to the discussion of 8 this paper published by ASRM of 25 authors 9 of which many are well-regarded in the 10 field, correct? 11 A. I just want to clarify, this is 12 the journal of the ASRM. It is published 13 by Fertility and Sterility. It is not 14 published by ASRM. 15 Q. Okay. 16 Would you often hear GYN 17 Oncology is published by SGO? 18 A. But we don't say that a paper 19 written in GYN Oncology was published by 20 SGO. 21 Q. All right. It's the journal of 22 the society, excuse me. 23 Let's go to the discussion on 24 page 5. Starting in the middle of the 25 second paragraph: Because inflammation</p>	<p>1 2 discussed at length in -- 3 MS. THOMPSON: If he had 4 searched the topic, this paper would 5 have shown. 6 MS. DAVIDSON: Excuse me, I'm in 7 the middle of my sentence. I've just 8 been interrupted by both of you. 9 Dr. Holcomb, if you like to ask 10 him substantive questions, he probably 11 would like to read this and let's see 12 what you have to ask him. 13 BY MS. THOMPSON: 14 Q. I'm going to ask you the 15 question. 16 A. Sure. 17 Q. In that second paragraph of the 18 discussion: Because inflammation plays a 19 role in the development of many cancers, 20 including ovarian cancer, the increased 21 risk observed specifically among women 22 with endometriosis is plausible... 23 And this is talking about the 24 relationship with obesity. 25 ... because overweight women</p>
Page 411	Page 413
<p>1 2 plays a role in the development of many 3 cancers, including ovarian cancer, the 4 increased risk observed specifically among 5 women with endometriosis -- 6 A. I just want to see -- I'm sorry. 7 Because -- in the discussion I'm looking 8 for this. 9 Can you tell me which paragraph 10 you're reading from? 11 Q. Second paragraph in the 12 discussion halfway down. 13 MS. DAVIDSON: All right. I 14 just want to make the point that Dr. 15 Holcomb pointed out this was not on 16 his reliance list. He hasn't read 17 this paper. So if you're just going 18 to pull out sentences from it and read 19 them to him, he's not going to be able 20 to offer cogent -- 21 MS. O'DELL: Please don't coach 22 him. Object to the form. 23 MS. DAVIDSON: Oh, my God, 24 Leigh. Come on. 25 MS. O'DELL: That paper is</p>	<p>1 2 with endometriosis may have higher levels 3 of inflammation. 4 Did I read that sentence 5 correctly? 6 A. You read that correctly. 7 Q. And it goes on to say: Both 8 endometriotic foci and adipose tissues 9 produce pro-inflammatory cytokines, 10 including TNF-alpha 1, L1 and IL6. These 11 pro-inflammatory cytokines have been shown 12 to increase the risk of ovarian cancers as 13 they promote the synthesis of 14 prostaglandins, which in turns inhibit 15 cell differentiation and apoptosis and 16 enhances invasion and androgenesis. This 17 is what these authors describe as an 18 inflammatory mechanism for endometriosis 19 and obesity. 20 Correct? 21 A. This is what they mention, yes. 22 This is what they say. 23 Q. And this would also be in line, 24 reading on, with our observation of a 25 higher risk associated with genital talc</p>

<p style="text-align: right;">Page 414</p> <p>1</p> <p>2 use for women with endometriosis since</p> <p>3 inflammation has been proposed as a</p> <p>4 possible biologic mechanism for talc's</p> <p>5 association with ovarian cancer.</p> <p>6 And my question --</p> <p>7 A. That's what they wrote.</p> <p>8 Q. My question to you is these</p> <p>9 authors, 25 authors, including very</p> <p>10 well-regarded researchers in the field,</p> <p>11 have included this in their paper</p> <p>12 published in Fert. and Ster, correct?</p> <p>13 A. These 25 authors have</p> <p>14 correctly -- what you said is correct,</p> <p>15 they have included that.</p> <p>16 Q. All right. That is my question.</p> <p>17 And you disagree with everything</p> <p>18 that I just read; is that correct?</p> <p>19 A. Yeah, I do.</p> <p>20 Q. I wanted to give you the</p> <p>21 opportunity to say that.</p> <p>22 You included the Hurwitz -- two</p> <p>23 Hurwitz papers in your discussion of the</p> <p>24 effect of anti-inflammatory agents with</p> <p>25 ovarian cancer.</p>	<p style="text-align: right;">Page 416</p> <p>1</p> <p>2 Q. We've talked about Dr. Harris,</p> <p>3 right?</p> <p>4 A. Yes, we have.</p> <p>5 Q. Dr. Schildkraut, right?</p> <p>6 A. Yes.</p> <p>7 Q. Dr. Berchuck?</p> <p>8 A. Yes.</p> <p>9 Q. Dr. Wentzensen?</p> <p>10 A. Yes.</p> <p>11 Q. Dr. O'Brien?</p> <p>12 A. Yes.</p> <p>13 Q. Dr. Wu?</p> <p>14 A. Yes.</p> <p>15 Q. Dr. Tworoger?</p> <p>16 A. Yes.</p> <p>17 Q. And Dr. Trabert at NIH?</p> <p>18 A. Yes.</p> <p>19 Q. And those are all names that</p> <p>20 you're familiar with from your review of</p> <p>21 the literature on talc, correct?</p> <p>22 A. Yes.</p> <p>23 Q. And the conclusions of this</p> <p>24 paper published in 2022 are, conclusion in</p> <p>25 the abstract: This study, the largest to</p>
<p style="text-align: right;">Page 415</p> <p>1</p> <p>2 Do you recall that?</p> <p>3 A. Yes.</p> <p>4 MS. THOMPSON: We'll mark as</p> <p>5 Exhibit 36.</p> <p>6 (Holcomb Exhibit 36, Hurwitz</p> <p>7 article - 2022, was marked for</p> <p>8 identification, as of this date.)</p> <p>9 BY MS. THOMPSON:</p> <p>10 Q. You included two prior Hurwitz</p> <p>11 papers, but not this 2022 paper that the</p> <p>12 title is "Modification of the Association</p> <p>13 Between Frequent Aspirin Use and Ovarian</p> <p>14 Cancer Risk, a Meta-Analysis Using</p> <p>15 Individual Level Data From Two Ovarian</p> <p>16 Cancer Consortia."</p> <p>17 Have you seen this paper.</p> <p>18 A. No, I don't believe so.</p> <p>19 Q. This paper also published in the</p> <p>20 Journal of Clinical Oncology, correct?</p> <p>21 A. Yes.</p> <p>22 Q. And it has 25 authors, many of</p> <p>23 the names we've talked about today,</p> <p>24 correct?</p> <p>25 A. Correct.</p>	<p style="text-align: right;">Page 417</p> <p>1</p> <p>2 date on aspirin use and ovarian cancer,</p> <p>3 provides evidence that frequent aspirin</p> <p>4 use is associated with lower ovarian</p> <p>5 cancer risk regardless of the presence of</p> <p>6 most ovarian cancer risk factors.</p> <p>7 That's the conclusion of these</p> <p>8 25 authors, correct?</p> <p>9 A. That is the conclusion.</p> <p>10 Q. And if we go to the</p> <p>11 introduction, halfway through the first</p> <p>12 paragraph the authors state: Chronic</p> <p>13 inflammation likely plays a role -- a key</p> <p>14 role in ovarian carcinogenesis as factors</p> <p>15 associated with epithelial disruption from</p> <p>16 ovulation --</p> <p>17 MS. DAVIDSON: Wait. Do you</p> <p>18 know where she is?</p> <p>19 THE WITNESS: Yeah.</p> <p>20 MS. DAVIDSON: Okay, great.</p> <p>21 MS. THOMPSON: Middle of the</p> <p>22 first paragraph.</p> <p>23 MS. DAVIDSON: I'm sorry?</p> <p>24 MS. THOMPSON: Middle of the</p> <p>25 first paragraph.</p>

<p style="text-align: right;">Page 418</p> <p>1</p> <p>2 THE WITNESS: No, no, it's</p> <p>3 just --</p> <p>4 MS. DAVIDSON: You read so fast.</p> <p>5 THE WITNESS: I wanted to see</p> <p>6 what they were citing.</p> <p>7 A. Okay. Yes, a 1999 paper. Okay.</p> <p>8 Q. And these authors conclude</p> <p>9 chronic inflammation likely plays a key</p> <p>10 role in ovarian carcinogenesis.</p> <p>11 Is that the statement they make?</p> <p>12 A. Yes, based on a citation from a</p> <p>13 1999 paper. Yes, that is their statement.</p> <p>14 Q. And based on this paper that</p> <p>15 they've just written, if you look to their</p> <p>16 conclusions, they suggest that primary</p> <p>17 prevention of ovarian cancer is an added</p> <p>18 benefit of frequent aspirin use that could</p> <p>19 be incorporated into composite</p> <p>20 risk-benefit calculations.</p> <p>21 Correct?</p> <p>22 A. Yeah, they're saying that this</p> <p>23 is a proof of principle that it could be</p> <p>24 used in --</p> <p>25 Q. But in your report, you used the</p>	<p style="text-align: right;">Page 420</p> <p>1</p> <p>2 MS. DAVIDSON: Objection.</p> <p>3 I don't know what you mean by</p> <p>4 "replaced."</p> <p>5 MS. THOMPSON: Well, the title</p> <p>6 of the paper is "Modification of the</p> <p>7 Association" by the same author of the</p> <p>8 two previous papers that --</p> <p>9 A. I -- I don't think they're</p> <p>10 saying we're modifying what we said</p> <p>11 earlier.</p> <p>12 MS. DAVIDSON: Correct.</p> <p>13 A. They're saying how does -- how</p> <p>14 does frequent aspirin use modify these</p> <p>15 other risk factors.</p> <p>16 MS. DAVIDSON: Yes.</p> <p>17 BY MS. THOMPSON:</p> <p>18 Q. Okay.</p> <p>19 But it's different from what</p> <p>20 you've included in your report, correct?</p> <p>21 A. No. No, my report, if I may</p> <p>22 read, I said one group found no evidence</p> <p>23 between aspirin and ovarian cancer and</p> <p>24 didn't find an evidence of an association</p> <p>25 between non-aspirin, NSAID use and ovarian</p>
<p style="text-align: right;">Page 419</p> <p>1</p> <p>2 Hurwitz papers as evidence that the</p> <p>3 inflammation isn't involved with ovarian</p> <p>4 cancer, correct?</p> <p>5 A. No, I -- I said that there's</p> <p>6 inconsistency in the data. In fact, I</p> <p>7 quote some studies saying that aspirin can</p> <p>8 reduce the risk of ovarian cancer, and I</p> <p>9 quote some studies saying NSAIDs can as</p> <p>10 well, and other studies saying NSAIDs</p> <p>11 can't but aspirin can. I was just</p> <p>12 pointing out inconsistency. This adds to</p> <p>13 the literature of an inconsistent</p> <p>14 literature. And I think that's why they</p> <p>15 say that it's a proof of principle. The</p> <p>16 it's not proof. It's a proof of principle</p> <p>17 that maybe we can target. They're saying</p> <p>18 aspirationally, maybe this is something we</p> <p>19 could do in the future.</p> <p>20 Q. Okay.</p> <p>21 But you have two Hurwitz papers</p> <p>22 in your report that have been replaced by</p> <p>23 this "Modification of the Association,"</p> <p>24 correct?</p> <p>25 A. My report admits that --</p>	<p style="text-align: right;">Page 421</p> <p>1</p> <p>2 cancer. On the other hand, another study</p> <p>3 did report a moderate risk reduction for</p> <p>4 aspirin use but found no risk for NSAID.</p> <p>5 This is not inconsistent with my</p> <p>6 report. I'm saying that there's data</p> <p>7 saying one and there's data saying the</p> <p>8 other. And you've provided more evidence</p> <p>9 of another paper saying the other.</p> <p>10 It's -- it's -- all I'm saying is there's</p> <p>11 inconsistency in the data on this topic,</p> <p>12 and this is not a definitive answer. It</p> <p>13 adds to the literature.</p> <p>14 Q. Okay.</p> <p>15 And because there's not a</p> <p>16 definitive answer, you do not believe that</p> <p>17 chronic inflammation plays a role in the</p> <p>18 carcinogenesis of the ovarian cancer?</p> <p>19 MS. DAVIDSON: Objection. That</p> <p>20 misstates his testimony.</p> <p>21 BY MS. THOMPSON:</p> <p>22 Q. Okay.</p> <p>23 Then tell me your testimony. I</p> <p>24 don't want to --</p> <p>25 A. No, I didn't offer an opinion</p>

<p style="text-align: right;">Page 422</p> <p>1</p> <p>2 whether I thought inflammation could cause</p> <p>3 ovarian cancer. I don't know.</p> <p>4 Q. What is your opinion?</p> <p>5 A. I don't know.</p> <p>6 Q. Your opinion is you don't know</p> <p>7 whether chronic inflammation can cause</p> <p>8 ovarian cancer?</p> <p>9 A. Yeah. These --</p> <p>10 Q. Have you --</p> <p>11 A. If I can finish.</p> <p>12 These studies of NSAIDs and</p> <p>13 aspirin use are sort of indirect studies</p> <p>14 of whether an anti-inflammatory could</p> <p>15 affect ovarian cancer rates.</p> <p>16 And yes, they are focusing in on</p> <p>17 this inflammatory -- chronic inflammation,</p> <p>18 which is a theory that's out there in the</p> <p>19 literature.</p> <p>20 What I'm saying is that I have</p> <p>21 not seen where chronic inflammatory states</p> <p>22 have been shown to cause malignant</p> <p>23 transformation of cancer cells.</p> <p>24 Q. Can chronic inflammation cause</p> <p>25 epigenetic changes?</p>	<p style="text-align: right;">Page 424</p> <p>1</p> <p>2 A. Yeah, I just want to explain</p> <p>3 how -- how I looked at this topic.</p> <p>4 Q. Will you just answer my</p> <p>5 question? I don't want to interrupt you,</p> <p>6 but I do want you to answer my question so</p> <p>7 we can leave.</p> <p>8 A. There's different levels of</p> <p>9 importance, so when you say you're looking</p> <p>10 for a yes-no answer what look important</p> <p>11 and not important, and I just want to</p> <p>12 clarify that I start off by looking at the</p> <p>13 epidemiologic data to see if there's a</p> <p>14 strength of association and if there's</p> <p>15 consistency. And then I'm looking at</p> <p>16 mechanistic expectation explanations, and</p> <p>17 from my report you can see I'm telling you</p> <p>18 I don't think we've taken care of the</p> <p>19 first two very important Bradford Hill</p> <p>20 criteria. But I say let's talk about the</p> <p>21 talc theory. And I go through migration</p> <p>22 and I go through inflammation. But the</p> <p>23 strongest opinion I have on this topic is</p> <p>24 that there's not strong enough</p> <p>25 epidemiologic data, despite what your --</p>
<p style="text-align: right;">Page 423</p> <p>1</p> <p>2 A. Chronic inflammation can cause</p> <p>3 cancer, don't get me wrong.</p> <p>4 I'm saying just because it can</p> <p>5 cause cancer in one place in the body does</p> <p>6 not mean that if it happens in another</p> <p>7 place in the body, it causes.</p> <p>8 So yes, it can cause epigenetic,</p> <p>9 it can cause -- but the question that I'm</p> <p>10 answering is in ovarian cancer, can</p> <p>11 chronic inflammation cause ovarian cancer,</p> <p>12 and I say it's a theory at this point.</p> <p>13 It's not proven.</p> <p>14 Q. Okay.</p> <p>15 Did you do a search for the</p> <p>16 relationship between chronic inflammation</p> <p>17 and ovarian cancer as part of the</p> <p>18 preparation of your report?</p> <p>19 A. I don't remember doing a</p> <p>20 specific search on that topic.</p> <p>21 Q. Would that have been important</p> <p>22 in your report to understand how chronic</p> <p>23 inflammation can cause ovarian cancer?</p> <p>24 A. I want to --</p> <p>25 MS. DAVIDSON: Objection.</p>	<p style="text-align: right;">Page 425</p> <p>1</p> <p>2 the authors said in that it's generally</p> <p>3 accepted that talc does not cause is not a</p> <p>4 well-established risk factor. That's the</p> <p>5 general feeling.</p> <p>6 So this whole idea of</p> <p>7 inflammation, can inflammation cause</p> <p>8 ovarian cancer, can talc cause ovarian</p> <p>9 inflammation I find interesting, but it's</p> <p>10 in the background of a lack of consistency</p> <p>11 and strength of association.</p> <p>12 MS. THOMPSON: Okay. I have one</p> <p>13 more article to show you.</p> <p>14 And that answer was</p> <p>15 non-responsive to any question on the</p> <p>16 table.</p> <p>17 (Holcomb Exhibit 37,</p> <p>18 Sanchez-Prieto article - 2022, was</p> <p>19 marked for identification, as of this</p> <p>20 date.)</p> <p>21 BY MS. THOMPSON:</p> <p>22 Q. Have you seen this paper, Dr.</p> <p>23 Holcomb?</p> <p>24 A. No, I don't believe I have.</p> <p>25 Q. It's Gynecologic Oncology</p>

<p style="text-align: right;">Page 426</p> <p>1</p> <p>2 Reports Journal that you review?</p> <p>3 A. That I review --</p> <p>4 Q. That you review -- that you read</p> <p>5 on a regular basis?</p> <p>6 A. Not on a regular basis, but I</p> <p>7 do.</p> <p>8 Q. And you agree it's a companion</p> <p>9 journal to Gynecologic Oncology?</p> <p>10 A. It is, mainly for case reports.</p> <p>11 Q. And you don't remember seeing</p> <p>12 this --</p> <p>13 A. No.</p> <p>14 Q. -- this article published in</p> <p>15 2022, all right.</p> <p>16 Let's look at the abstract: The</p> <p>17 risk and protective factors of ovarian</p> <p>18 cancer suggest that its etiology is</p> <p>19 multifactorial.</p> <p>20 You weren't familiar with that</p> <p>21 term when I mentioned it before, correct?</p> <p>22 MS. DAVIDSON: Objection.</p> <p>23 A. I'm sorry, can you show me where</p> <p>24 it says this?</p> <p>25 Q. The second sentence of the</p>	<p style="text-align: right;">Page 428</p> <p>1</p> <p>2 detecting leukocytes in cancer tissue.</p> <p>3 Inflammation can mediate and stimulate the</p> <p>4 production of tumor-promoting compounds,</p> <p>5 including cytokines. Et cetera. These</p> <p>6 compounds can contribute to cell</p> <p>7 proliferation, malignant transformation,</p> <p>8 cancer development. With three</p> <p>9 references.</p> <p>10 Are you familiar with any of the</p> <p>11 references to that statement?</p> <p>12 A. I'm still trying -- I'm just</p> <p>13 trying to catch up with you, I'm sorry.</p> <p>14 Q. Okay.</p> <p>15 MS. DAVIDSON: Do you need a</p> <p>16 minute to look at this paper?</p> <p>17 THE WITNESS: It's kind of fast</p> <p>18 coming at me of things I haven't read</p> <p>19 before.</p> <p>20 MS. DAVIDSON: Why don't we take</p> <p>21 a few minutes for him to look at this</p> <p>22 paper, which is the same courtesy I</p> <p>23 extended to your experts.</p> <p>24 MS. O'DELL: Well, let's go off</p> <p>25 the record, which is what we did every</p>
<p style="text-align: right;">Page 427</p> <p>1</p> <p>2 abstract.</p> <p>3 A. (Witness reads document.)</p> <p>4 Yeah, I'm not sure -- I don't</p> <p>5 understand what they mean by that.</p> <p>6 Q. And you haven't seen it other</p> <p>7 places before, I think you've already</p> <p>8 testified.</p> <p>9 A. Yes.</p> <p>10 Q. Going down a little bit further,</p> <p>11 it says: At sites of inflammation -- and</p> <p>12 the title of the article is</p> <p>13 "Etiopathogenesis of ovarian cancer, an</p> <p>14 inflammaging entity."</p> <p>15 A. There's a question mark.</p> <p>16 Q. What does etiopathogenesis mean?</p> <p>17 A. The beginning, etiology. It's</p> <p>18 etiology of pathogenesis.</p> <p>19 I'm not sure why they chose to</p> <p>20 use both words put together.</p> <p>21 Q. Okay.</p> <p>22 And this paper, at least, in the</p> <p>23 third paragraph of the introduction:</p> <p>24 Inflammation has been considered a key</p> <p>25 mechanism for carcinogenesis after</p>	<p style="text-align: right;">Page 429</p> <p>1</p> <p>2 time our experts reviewed.</p> <p>3 (Recess taken.)</p> <p>4 BY MS. THOMPSON:</p> <p>5 Q. The third paragraph in the</p> <p>6 introduction says: Inflammation has been</p> <p>7 considered a key mechanism for</p> <p>8 carcinogenesis.</p> <p>9 And then it continues with the</p> <p>10 rest of the paragraph that I don't think I</p> <p>11 need to read.</p> <p>12 A. But I would like to make mention</p> <p>13 'cause I looked at that citation. They</p> <p>14 say "consider key mechanisms for</p> <p>15 carcinogenesis," and then they quote</p> <p>16 Browning et al.</p> <p>17 When you go to Browning et al.,</p> <p>18 you see that this says IL 6 and ovarian</p> <p>19 cancer inflammatory cytokines and the</p> <p>20 promotion of metastasis. So the citation</p> <p>21 is actually talking about something that</p> <p>22 can promote metastasis, not the start of a</p> <p>23 cancer.</p> <p>24 Q. Well, we would have to read the</p> <p>25 whole article to know that, wouldn't we?</p>

<p style="text-align: right;">Page 430</p> <p>1</p> <p>2 A. Yeah, but just I'm going with</p> <p>3 the name in the article.</p> <p>4 Q. Let's go to the next sentence.</p> <p>5 MS. DAVIDSON: You just</p> <p>6 interrupted him again.</p> <p>7 BY MS. THOMPSON:</p> <p>8 Q. (Reading) These compounds can</p> <p>9 contribute to cell proliferation,</p> <p>10 malignant transformation and cancer</p> <p>11 development.</p> <p>12 And there are three citations</p> <p>13 there.</p> <p>14 Are you familiar with any of</p> <p>15 those citations?</p> <p>16 A. I'll let you know.</p> <p>17 Q. Savant --</p> <p>18 A. Give me a second. I'll let you</p> <p>19 know. (Witness reads document.)</p> <p>20 No, the Savant study, I don't</p> <p>21 know if I'm just familiar with this -- the</p> <p>22 author's name or that specific study. I'd</p> <p>23 have to pull the paper up to know.</p> <p>24 Q. And that study was included in</p> <p>25 other experts' reports. That may be where</p>	<p style="text-align: right;">Page 432</p> <p>1</p> <p>2 if it's both can cause it. I'm sure in</p> <p>3 the text it says, but I can't tell from</p> <p>4 the picture whether they're saying both</p> <p>5 can or just one.</p> <p>6 Q. Well, let's read on page 3.</p> <p>7 MS. DAVIDSON: I am really going</p> <p>8 to object to the pressure that is</p> <p>9 being put on Dr. Holcomb to answer</p> <p>10 questions about a paper he has not</p> <p>11 read with insufficient time to read</p> <p>12 it.</p> <p>13 BY MS. THOMPSON:</p> <p>14 Q. Okay. Read the paper and tell</p> <p>15 me when you're ready, Dr. Holcomb.</p> <p>16 MS. O'DELL: We'll go off the</p> <p>17 record.</p> <p>18 (Recess taken.)</p> <p>19 MS. THOMPSON: I won't ask any</p> <p>20 more questions. I'll reserve my six</p> <p>21 minutes time.</p> <p>22 MS. DAVIDSON: You're not going</p> <p>23 to ask any more questions?</p> <p>24 MS. THOMPSON: No. I would like</p> <p>25 Leigh and I to make our flights.</p>
<p style="text-align: right;">Page 431</p> <p>1</p> <p>2 you recognize it.</p> <p>3 The next sentence says: Among</p> <p>4 other factors, such as hereditary,</p> <p>5 environmental, and lifestyle factors,</p> <p>6 inflammation is an important risk factor</p> <p>7 for ovarian cancer.</p> <p>8 Do you disagree with that?</p> <p>9 A. Yes.</p> <p>10 Q. And looking on the second page,</p> <p>11 the Figure 1, and if you'll look at that</p> <p>12 diagram, and it does say it's a</p> <p>13 hypothesis, so you don't need to conclude</p> <p>14 that in your answer. But it shows talc</p> <p>15 exposure going from the perineum into the</p> <p>16 vagina into the uterus and into the</p> <p>17 fallopian tube, correct?</p> <p>18 A. Infections or talc exposure,</p> <p>19 yes.</p> <p>20 Q. And then it shows inflammation</p> <p>21 once it reaches that point, correct?</p> <p>22 A. I have to tell you just looking</p> <p>23 at this picture I can't tell if they're</p> <p>24 saying talc is causing inflammation</p> <p>25 because it also says infections going up,</p>	<p style="text-align: right;">Page 433</p> <p>1</p> <p>2 MS. DAVIDSON: I need two</p> <p>3 minutes.</p> <p>4 MS. THOMPSON: And the article's</p> <p>5 in evidence.</p> <p>6 (Recess taken.)</p> <p>7 BY MS. THOMPSON:</p> <p>8 Q. Dr. Holcomb, if I ask you if</p> <p>9 this is what the authors state and whether</p> <p>10 you agree with it or not, can you answer</p> <p>11 that question without --</p> <p>12 A. When you say "if," if this is</p> <p>13 what the authors state.</p> <p>14 Q. I'm going to read something and</p> <p>15 say is this is what the authors state and</p> <p>16 ask you agree with it or not, can you just</p> <p>17 give that answer?</p> <p>18 A. Yes, I can do that.</p> <p>19 Q. Because if it's going to be a</p> <p>20 long answer, I'd rather not go.</p> <p>21 A. If you're just asking me if this</p> <p>22 is what the author state, that's obvious.</p> <p>23 I can say yes, that is what's on the</p> <p>24 paper.</p> <p>25 Q. Okay. We'll, we haven't done</p>

<p style="text-align: right;">Page 434</p> <p>1 2 that too often. 3 We're back on the Sanchez-Prieto 4 article that you read thoroughly, correct? 5 A. Almost finished, yes. 6 Q. Okay. Let's go to page 3. The 7 bottom paragraph on that page: Another 8 example of an inflammatory factor involved 9 in the carcinogenesis of ovarian cancer is 10 the use of talcum powder in the genital 11 area. Talc, along with associated 12 components such as asbestos or quartz, 13 which are known carcinogens and can 14 contaminate talc products, might ascend 15 through the genital tract and irritate the 16 epithelial lining of the fallopian tubes 17 or ovaries. This could possibly trigger 18 an inflammatory response that may promote 19 carcinogenesis. Taken together, 20 epidemiological data suggest that there 21 may be a small positive association 22 between the use of genital powder and 23 ovarian cancer. Citing Wentzensen and 24 O'Brien. 25 Did these authors choose to</p>	<p style="text-align: right;">Page 436</p> <p>1 2 concept in the scientific community that 3 you've heard about in your practice? 4 A. I have not -- I have not heard 5 the term. This is my first time seeing 6 that. 7 Q. Is it fair to say that this is a 8 thought piece where the authors are 9 proposing some sort of possible role 10 and -- this paper proposes a hypothesis, 11 right? 12 A. Yes. The authors admit 13 themselves this is all a hypothesis and 14 theory. 15 Q. Are you aware of any scientific 16 evidence that chronic inflammation can 17 cause malignant transformation of ovarian 18 or fallopian tube cells? 19 A. I know of none. 20 MS. DAVIDSON: I don't think I 21 have any other questions. 22 MS. THOMPSON: I have no further 23 questions. 24 (Deposition adjourned at 25 approximately 5:22 p.m. EDT)</p>
<p style="text-align: right;">Page 435</p> <p>1 2 include that paragraph in their paper? 3 A. You read the paragraph 4 correctly. 5 Q. So the authors included it in 6 their paper? 7 A. You read it correctly, yes. 8 Q. I'm going to guess that's the 9 same thing. 10 Do you agree with anything in 11 that paragraph? 12 A. It would take too long to 13 explain why I disagree. So I'm going to 14 say -- your question do I agree with 15 anything? I'll say no. 16 MS. THOMPSON: All right. 17 That's it. 18 EXAMINATION BY 19 MS. DAVIDSON: 20 Q. Dr. Holcomb, did the authors of 21 this paper reach any sort of conclusions 22 about inflammation? 23 A. No, they just posed a number of 24 interesting theories. 25 Q. Is inflammaging a recognized</p>	<p style="text-align: right;">Page 437</p> <p>1 2 INSTRUCTIONS TO WITNESS 3 4 Please read your deposition over 5 carefully and make any necessary 6 corrections. You should state the 7 reason in the appropriate space on the 8 errata sheet for any corrections that 9 are made. 10 After doing so, please sign the 11 errata sheet and date it. It will be 12 attached to your deposition. 13 It is imperative that you return 14 the original errata sheet to the 15 deposing attorney within thirty (30) 16 days of receipt of the deposition 17 transcript by you. If you fail to do 18 so, the deposition transcript may be 19 deemed to be accurate and may be used 20 in court. 21 22 23 24 25</p>

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2 A C K N O W L E D G M E N T
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4 STATE OF)
5 :ss
6 COUNTY OF)
7
8 I, KEVIN HOLCOMB, M.D., hereby
9 certify that I have read the transcript of
10 my testimony taken under oath in my
11 deposition of June 7, 2024; that the
12 transcript is a true and complete record
13 of my testimony, and that the answers on
14 the record as given by me are true and
15 correct.
16
17
18 _____
 KEVIN HOLCOMB, M.D.
19
20 Signed and subscribed to before me this
21 _____ day of _____, 20__.
22
23 _____
24 Notary Public, State of
25

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2 E R R A T A
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1
2 C E R T I F I C A T E
3 I, MARIE FOLEY, Registered Merit
4 Reporter, Certified Realtime Reporter, and
5 Notary Public for the State of New York,
6 do hereby certify that prior to the
7 commencement of the examination, KEVIN
8 HOLCOMB, M.D., was duly sworn by me to
9 testify to the truth, the whole truth and
10 nothing but the truth.
11 I DO FURTHER CERTIFY that the foregoing
12 is a verbatim transcript of the testimony
13 as taken stenographically by me at the time,
14 place and on the date hereinbefore set forth,
15 to the best of my ability.
16 I DO FURTHER CERTIFY that I am neither
17 a relative nor employee nor attorney nor
18 counsel of any of the parties to this action,
19 and that I am neither a relative nor employee
20 of such attorney or counsel, and that I am
21 not financially interested in the action.
Marie Foley, RMR 0222
22 _____
23 COURT REPORTER
24 Registered Merit Reporter
25 Certified Realtime Reporter
26 Notary Public
27 Dated: June 12, 2024

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2 LAWYER'S NOTES
3 PAGE / LINE
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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

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COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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